

FUNDERS CONCERNED ABOUT AIDS AND THE EUROPEAN HIV/AIDS FUNDERS GROUP

U.S. and European Philanthropic Support to Address HIV/AIDS in 2011



A European Foundation Centre
(EFC) Special Interest Group



Funders Concerned About AIDS

Mobilizing Philanthropic Leadership, Ideas, and Resources
in the Fight Against AIDS

U.S. and European Philanthropic Support to Address HIV/AIDS in 2011

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Acronyms and Abbreviations

ART	antiretroviral treatment
ARV	antiretroviral
EFG	European HIV/AIDS Funders Group
EMTCT	elimination of mother-to-child transmission (also known as vertical transmission)
FCAA	Funders Concerned About AIDS
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMT	Gay men, other men who have sex with men, and transgender individuals
LGBT	Lesbian, gay, bisexual, and transgender
MSM	men who have sex with men
NHAS	U.S. National HIV/AIDS Strategy
PLWHA	people living with HIV/AIDS
R&D	research and development
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
TA	technical assistance
TasP	treatment as prevention
UNAIDS	Joint United Nations Program on HIV/AIDS
WCE	Western and Central Europe

Note: All figures marked \$ are U.S. dollar amounts.

Please visit the FCAA website at www.fcaaid.org/resourcetracking for the resource tracking toolkit, including: a press release; the report methodology and survey tool; info on in-kind donations and technical assistance; and the websites, geographic focus, and past giving levels of all the top HIV/AIDS funders in 2011 identified in this report.

EXECUTIVE SUMMARY & ABOUT THIS REPORT

EXECUTIVE SUMMARY

Funders Concerned About AIDS (FCAA) and the European HIV/AIDS Funders Group (EFG) share the common mission of mobilizing philanthropic leadership, ideas, and resources to address the HIV/AIDS pandemic – domestically and internationally – as well as its social and economic consequences. Through this resource tracking effort, FCAA and EFG have been monitoring the field of HIV/AIDS philanthropy for close to a decade.

This resource tracking report on philanthropic support to HIV/AIDS from U.S.- and European-based funders in 2011 relies largely on surveys completed by funders, with supplemental review of data from grants databases and funders' grants lists. Data was obtained for over 300 funders who are believed to represent the substantial majority of private philanthropic HIV/AIDS funding from the U.S. and Europe.

Combined funding¹ to address HIV/AIDS from both U.S. and European private philanthropic institutions totaled \$644 million² in 2011, a 5% increase over 2010.

Among **U.S.-based funders**, total disbursements for HIV/AIDS reached \$491 million in 2011. Increased funding from the Bill & Melinda Gates Foundation (which represented half of all total U.S.-based disbursements) and a few other top funders (such as M•A•C AIDS Fund and ViiV Healthcare)

led to a small increase in overall funding from 2010 to 2011 (3%). The majority of U.S.-based funders, however, decreased funding to HIV/AIDS, including several top 10 funders that funded other health areas. Total disbursements from all funders other than the Gates Foundation were 5% lower in 2011 than 2010.

Among **European-based funders**, the 2011 total disbursements reached \$170 million, the highest point since 2007, when data was first reported consistently. The majority of European-based funders increased funding between 2010 and 2011, with funding rising 12% between the two years. Some of this increased funding in 2011, however, results from yearly fluctuations in grantmaking, rather than from the growth of new or existing programs.

Both U.S. and European funders reported that their disbursements for HIV/AIDS would likely stay relatively flat over the next year.

KEY FINDINGS ON U.S. PHILANTHROPIC FUNDING FOR HIV/AIDS

Total funding in 2011: HIV/AIDS disbursements from 274 U.S.- based philanthropies totaled \$491 million in 2011, amounting to 5,561 HIV/AIDS-related projects and grants.³

Small increase from 2010-2011 led by three top 10 funders: Among U.S.-based funders for which FCAA has two years of comparable data (2010 and 2011), disbursements for HIV/AIDS increased, but only by 3%, or \$11 million (\$449 million in 2010 to \$460 million in 2011). Significant increases in disbursements for HIV/AIDS from a few of the top 10 funders in 2011, including the Gates Foundation (which represented half of all total U.S.-based disbursements), M•A•C AIDS Fund and ViiV Healthcare, were largely offset by a disturbing trend of reductions by the majority.

Majority of funders decreased funding to HIV/AIDS from 2010-2011: Over 60% of top funders saw decreases in funding for HIV/AIDS from 2010 to 2011. Funding decreased by 5% (from \$234 million in 2010 to \$223 million in 2011) among funders other than the Gates Foundation, for which FCAA has two years of data. This included decreased funding from three top 10 funders in 2010 that indicated that their HIV/AIDS funding would decrease in 2011 due to a shift of funds to other related health areas, such as sexual and reproductive health and rights, neglected diseases, chronic hunger and malnutrition, and maternal and child health.

Funding remains highly concentrated among top 10 funders: The top 10 funders accounted for 80% (or \$392 million) of all HIV/AIDS-related disbursements in 2011. The Gates Foundation alone accounted for 49%.

¹ Unless otherwise specified, funding refers to disbursements, or money paid out in the given year.

² Though total philanthropic disbursements for HIV/AIDS in 2011 amounted to \$491 million from U.S.-based funders and \$170 million from European-based funders, which adds up to \$661 million, \$17.4 million was deducted from the combined total to avoid double-counting of grants that were given between U.S. and European-based funders and re-granted in 2011.

KEY FINDINGS ON U.S. PHILANTHROPIC FUNDING FOR HIV/AIDS

Few new funders entering the field of HIV/AIDS philanthropy: While the list of top funders (those giving \$300,000 or more) in 2011 includes 18 organizations that were not included in 2010,³ when adjusted for missing data, the resulting number of top funders in 2011 is similar to that of 2010. Five organizations increased their 2010 funding levels to above \$300,000 in 2011, but only one organization appears to be new to funding the HIV/AIDS response in 2011.

2012 forecasted to remain the same: Almost half (45%) of funders that shared their anticipated grantmaking for 2012 (49 of 69) forecast funding for HIV/AIDS would stay about the same compared to 2011, including the highest funder, the Gates Foundation, and four other top 10 funders.

Corporate funders play a key role: Fifteen corporate foundations and giving programs – including six of the top 10 funders – represented 26% (or \$127 million) of total U.S. HIV/AIDS philanthropy for 2011, and about half of the total disbursements from funders other than the Gates Foundation. Comparatively among general philanthropy, corporate funders represent only 5% (or \$14.5 billion) of total charitable giving in the U.S.⁴

Majority of funding was directed to projects with a global aim: Projects that target a worldwide population (such as research) received the highest amount of funding in 2011, representing 44% (or \$221 million) of all disbursements. This was followed by funding to specific countries and regions outside of the U.S., which accounted for 36% (\$179 million), while about 20% (or \$98 million) was directed toward the domestic U.S. epidemic.

Funding with a global aim: Research projects received nearly all of the funding with a global aim (\$186 million), and [medical research teams and projects](#) (on such areas as vaccine development and basic HIV science), [women, men who have sex with men](#), and [youth](#) were the top target populations.

Funding to specific countries and regions outside of the U.S: [East & Southern Africa](#) received the most funding of all regions outside the U.S. (\$69 million), followed by [South Asia & the Pacific](#) (\$40 million), and [East Asia & Southeast Asia](#) (\$22 million). [Prevention](#) projects received the biggest share (\$53 million), followed by [treatment](#) (\$30 million), and [research](#) (\$28 million), while [women, youth, and orphans and vulnerable children](#) were the top target populations.

U.S. domestic funding: The [Northeast](#) and the [South](#) both received about \$28 million in 2011, and were the U.S. domestic regions that received the highest share of funding in 2011. [Prevention](#) projects received the biggest share of U.S. domestic funding (\$23 million), followed by [treatment](#) (\$21 million), and [social services](#) (\$21 million), while [African Americans, men who have sex with men, women, and homeless/impoverished persons](#) were the top target populations.

³ This includes data from 18 “top funders” in 2011 (those giving over \$300,000) that were not included in the report on 2010 funding because either FCAA was not able to obtain their financial data (13 funders) or their funding increased to above \$300,000 from 2010 levels (five funders). Of the 13 top funders that were missing in 2010 due to lack of data, none were new to funding the HIV/AIDS response; these funders likely supported HIV/AIDS in 2010 but their data was not available.

⁴ Funding from individuals represented the majority of all charitable contributions in the U.S. at 73%, or \$218 billion. Source: *Giving USA Foundation. Giving USA 2012: The Annual Report on Philanthropy for the Year 2011, Executive Summary.* 2012.

KEY FINDINGS ON EUROPEAN PHILANTHROPIC FUNDING FOR HIV/AIDS

Total funding in 2011: HIV/AIDS disbursements from 38 European-based philanthropies totaled €138 million (\$170 million) in 2011,⁵ amounting to 4,231 HIV/AIDS-related projects and grants.

2011 highest funding yet: Among European-based funders for which EFG has five years of comparable data (2007-2011), disbursements for HIV/AIDS hit the highest point at €108 million (\$134 million) in 2011, compared to €84 million (\$104 million) in 2007.

Increase from 2010 to 2011 among majority of funders: Among European-based funders for which EFG has two years of comparable data (2010 and 2011), disbursements for HIV/AIDS increased by €14 million (\$17 million), or about 12%. Over 60% of these funders increased funding to HIV/AIDS between 2010 and 2011, including eight of the nine top 10 funders for which two years of data were available. Several of these funders' higher totals in 2011 resulted from the pay-out of two years of disbursements in one year, or other logistical fluctuations in yearly grantmaking, rather than resulting from the growth of new or existing programs.

Funding is highly concentrated among top 10 funders: The top 10 funders accounted for 82% (€117 million, or \$144 million) of all HIV/AIDS-related disbursements in 2011.

2012 forecasted to remain the same: Almost half (44%) of the funders that answered this question forecast anticipated funding for HIV/AIDS would stay about the same in 2012 compared to 2011, including four top 10 funders. Several funders, including one top 10 funder, indicated that their HIV/AIDS disbursements would decrease in 2012 due to a shift of funds to other related health areas.

Majority of funding for countries or regions outside of Western and Central Europe, or projects with a global aim targeting a worldwide population: Approximately half of all funding in 2011 was directed to projects in specific countries and regions outside of the Western and Central Europe region (€74 million, or \$92 million). About a third of all funding (€49 million, or \$61 million) went to projects benefiting a global population, while €17 million (\$21 million), or 12% of all funding in 2011, was expended on HIV/AIDS efforts benefiting countries in Western and Central Europe. By region, East & Southern Africa received the most funding (47%), followed by Western & Central Europe (18%).

By category of intended use, the largest amount of funding went to **research** (€54 million, or \$67 million), followed by **prevention** (€28 million, or \$34 million).

The top three target populations of funding in 2011 were **orphans and vulnerable children, youth, and women**.

⁵ This includes data from nine funders in 2011 that were not included in the report on 2010 funding because EFG was not able to obtain their 2010 financial data (eight funders) or they were new to funding the HIV/AIDS response (one funder). The others are funders that likely supported HIV/AIDS in 2010 but whose data not available.

ABOUT THIS REPORT

This year, 2012, marks the 25th anniversary of Funders Concerned About AIDS (FCAA), and the 10th anniversary of the European HIV/AIDS Funders Group (EFG). In commemoration, FCAA and EFG are proud to offer a new approach to resource tracking: one publication to bring together data on U.S.- and European-based HIV/AIDS philanthropy. This work is part of a joint effort of FCAA, EFG and UNAIDS to present a comprehensive portrait of global philanthropic HIV/AIDS resource flows.

Moving the Needle

Private funding has catalyzed development of effective interventions and held governments accountable for scaling them up. Advocacy to focus on vulnerable populations marginalized and even criminalized by their governments (such as men who have sex with men, people who inject drugs, and sex workers) has been fueled primarily by private funding.

But what drives AIDS-related philanthropy today? How are private funders reacting to and organizing around key changes in data and policy? Where is our sector headed?

In an effort to help us begin to answer these questions, this report:

1. **Offers more examples of efficient, innovative and impactful funding.** This year's report features more than 40 brief funding examples, with a special focus on the top 10 funders for both FCAA and EFG.
2. Includes a **'Finding the Gaps'** component that uses the latest epidemiological data to highlight the needs of specific populations, regions, issues, and tactics (*see right*).
3. Shares how funders are beginning to address key issues such as: **the U.S. National HIV/AIDS Strategy, treatment as prevention, the UNAIDS Investment Framework, and supporting the Global Fund to Fight AIDS, Tuberculosis and Malaria.**
4. Explores the important **integration of HIV/AIDS with other issues areas** (such as reproductive health and rights, gender equality, and issues affecting LGBT communities).



FINDING THE GAPS

In the U.S.:

U.S. South (*see page 23*)

Linkages To Care (*see page 28*)

Harm Reduction (*see page 28*)

Black Americans and Men Who Have Sex with Men (*see page 32*)

Worldwide:

Resource Needs by Geographic Area (*see page 35*)

Resource Needs by Category (*see page 37*)

Elimination of Mother to Child Transmission (or Vertical Transmission, *see page 40*)

Treatment (*see page 40*)

Key Populations at Higher Risk: Sex Workers, People Who Inject Drugs, and Men Who Have Sex with Men (*see page 44*)

People Living with HIV, New Infections and Treatment Coverage by Geographic Area (*see page 65*)

Advocacy for Key Populations at Higher Risk (*see page 70*)

Specific Needs of Women (*see page 72*)

At the Crossroads

After decades of scaling up both private and public investment in HIV research, prevention, care, treatment and human rights protections, we now find ourselves in an era of stalled growth of resources. Only through sustained efforts and increased funding can we hope to reach an AIDS-Free generation.

We hope this report gives you the opportunity to reflect on the story and impact behind the numbers, and drives the critical conversations on where and how our sector can best innovate, strengthen, and advance the response.

Thank you to the organizations that participated in this and previous year's reports. We welcome, and look forward to, input from readers about how to improve future editions of *U.S. & European Philanthropic Support to Address HIV/AIDS*.

John Barnes, Executive Director, Funders Concerned About AIDS (FCAA)

Daniel Jae-Won Lee, Executive Director, Levi Strauss Foundation; and FCAA Board Chair

Peter McDermott, Managing Director, Children's Investment Fund Foundation UK; and Interim Chair, European HIV/AIDS Funders Group (EFG)

Ton Coenen, Executive Director, Aids Fonds; and EFG Steering Committee Member

UNAIDS reports a gap of \$7.2 billion in 2011 to reach the global targets for low- and middle-income countries for 2015.

Needed to meet targets = \$24 billion

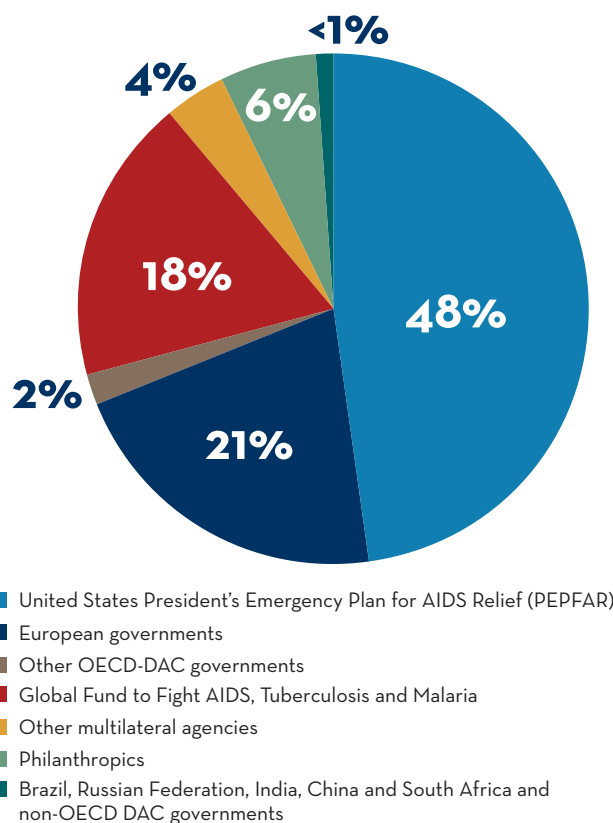
Total available resources in 2011 = \$16.8 billion

REMAINING GAP = \$7.2 billion in 2011

HIV/AIDS-Related Private Philanthropy Represented 6% Of Total International Assistance In 2011.⁶

Global investments in HIV/AIDS in low- and middle-income countries totaled \$16.8 billion in 2011, up 11% from 2010, with international assistance remaining largely flat since 2008.⁷ The largest increase was seen in domestic resources where funding grew by more than 15% between 2010 and 2011, and now support more than 50% of the global response.⁸

International Assistance Disbursed to Low- and Middle-Income Countries for HIV in 2011



(Source: UNAIDS. Together We Will End AIDS. 2012.)

⁶ Source: UNAIDS. *Together We Will End AIDS*. 2012. Available at: www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718_togetherwewillendaids_en.pdf.

⁷ The Henry J. Kaiser Family Foundation. *Financing the Response to AIDS in Low- and Middle- Income Countries: International Assistance from the G8, European Commission and Other Donor Governments in 2011*. July 2012. Available at: www.kff.org/hiv/aids/7347.cfm.

⁸ UNAIDS. *Meeting the Investment Challenge: Tipping the Dependency Balance*. July 2012. Available at: www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/20120718_investmentchallengesupplement_en.pdf.

STAKEHOLDER OUTLINE STRATEGIES FOR INVESTING IN THE END OF AIDS

UNAIDS: STRATEGIC DIRECTIONS

Investments in the AIDS response must be based on three tenets:

1. Equity
2. Evidence
3. Efficiency

Supported by four fundamental principles:

1. Country ownership
2. Community engagement
3. Shared responsibility and global solidarity
4. Grounded in the local epidemiological context

(Source: UNAIDS. Meeting the Investment Challenge: Tipping the Dependency Balance. July 2012.)

amfAR and AVAC: AREAS OF FOCUS FOR ENDING AIDS

The following are cost-effective approaches that can best reduce HIV incidence and AIDS-related morbidity and mortality:

- HIV testing
- HIV treatment
- Voluntary medical male circumcision
- Prevention of vertical transmission
- Focused, evidence-based prevention programs for key populations

(Source: amfAR and AVAC. An Action Agenda to End AIDS: Critical Actions from 2012-2016 to Begin to End the HIV/AIDS Pandemic. July 2012. Available at: www.avac.org/ht/a/GetDocumentAction/i/4.)

THE VALUE OF ADVOCACY

According to the National Committee for Responsive Philanthropy, funding advocacy is an excellent way to leverage limited resources. Their recent study showed that advocacy funding consistently provides a high return on investment, with each dollar granted by donors reaping an average of \$115 in community benefit.

(Source: Lisa Ranghelli, The National Committee for Responsive Philanthropy [NCRP]. Leveraging Limited Dollars: How Grantmakers Achieve Tangible Benefits by Funding Policy and Community Engagement. January 2012. Available at: www.ncrp.org/files/publications/LeveragingLimitedDollars.pdf.)

ABOUT FCAA AND EFG

Founded in 1987, **Funders Concerned About AIDS (FCAA)** is the only U.S.-based organization comprised of and for, private philanthropic institutions concerned about, engaged in, or potentially active in, the fight against HIV/AIDS. Our mission is to mobilize the leadership, ideas and resources of U.S.-based funders to eradicate the HIV/AIDS pandemic – domestically and internationally – and to address its social and economic dimensions. FCAA marks its 25th year in 2012 by recommitting to its mission in effort to both expand and strengthen the philanthropic response to AIDS. FCAA will work to expand the pool of philanthropic resources focused on HIV/AIDS by working with key partners in health and social justice philanthropy to identify points of leverage and opportunities for synergy. FCAA will also continue to convene public and private funders – providing time, space and resources to build a stronger network of increasingly collaborative funders, utilizing a coordinated and data-driven investment approach in order to leverage the opportunities presently available and to continue to increasingly identify new, efficient, and impactful approaches to end the AIDS epidemic.

The **European HIV/AIDS Funders Group (EFG)**, established in 2002, is a knowledge-based network dedicated to strengthening European philanthropy in the field of HIV/AIDS. The group aims to mobilize European philanthropic leadership and resources to address the global HIV/AIDS pandemic and its health, social and economic consequences. The main objectives of EFG are to identify European foundations engaged in HIV/AIDS work; to facilitate the sharing of experiences and perspectives among funders, thereby helping them to learn from each other's successes and failures in this complex funding area; and to discuss opportunities for better information exchange and cooperation. In doing so, it also seeks to promote an enabling environment for strategic and independent giving in this field as well as fields closely connected to HIV/AIDS such as human rights, global health and global development.



U.S. PHILANTHROPIC SUPPORT

U.S. Philanthropic HIV/AIDS Funders in 2011

KEY FINDINGS

Total funding in 2011: HIV/AIDS disbursements from 274 U.S.-based philanthropies totaled **\$491 million** in 2011, supporting some 5,561 HIV/AIDS-related projects and grants.⁹

FCAA surveyed funders about funding disbursements and commitments in 2011.

- Tracking **disbursements** (funding actually made available in a given year, which may include funding from prior year commitments) provides data on funds actually paid out in a given year.
- Tracking **commitments** (funding committed for grants/projects in a given year, whether or not the funds were disbursed in that year) helps to gauge current and future outlays.

For some funders, commitments and disbursements are the same in a given year; for others, commitments indicate funding above or below actual disbursements in a year.

Sixty-nine funders are categorized as “top” HIV/AIDS funders because they reported HIV/AIDS-related grantmaking disbursements of \$300,000 or more in 2011.

About the Top Funders list: The following table provides a tool to measure our progress in building the field of HIV/AIDS philanthropy by offering an indication of how many funders focus on HIV/AIDS. The science

isn’t perfect, however. While a funder may fall below \$300k due to annual fluctuations or restructuring, that doesn’t change their commitment to the field, and some of our fiercest advocates and champions in the sector fund below the \$300,000 level. As we continue to use this metric to measure movement, we also encourage every funder to participate in this process. In addition to funding by the 69 top funders (see list below), the total \$491 million in HIV/AIDS disbursements also includes the efforts of 205 other organizations (representing 2% of total funding) that provided support to HIV/AIDS in 2011.

Table 1. **Top 69 U.S. Philanthropic HIV/AIDS Funders in 2011** (ranked by amount of disbursements)⁹

Funder name	Disbursements (\$)	Commitments (\$)
1. Bill & Melinda Gates Foundation, WA ¹¹	238,000,000	552,000,000
2. M•A•C AIDS Fund and M•A•C Cosmetics, NY ¹¹	32,876,920	35,708,929
3. Merck, NJ	20,023,968	20,023,968
4. Ford Foundation, NY	18,676,242	16,740,147
5. Abbott and Abbott Fund, IL	17,437,222	17,437,222
6. ViiV Healthcare, NC ¹²	15,079,833	15,079,833
7. Gilead Sciences, Inc., CA	12,199,656	5,679,882
8. Philip T. and Susan M. Ragon Institute Foundation, MA	10,000,000	10,000,000
9. Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	9,507,095	6,398,004
10. Broadway Cares/Equity Fights AIDS, NY	9,220,200*	9,220,200

⁹ Funding for HIV/AIDS to the Global Fund to Fight AIDS, Tuberculosis and Malaria from HIV/AIDS philanthropic funders was removed from all figures in the report, because it is increasingly difficult to track accurately. Please see page 50 for more information.

¹⁰ The state associated with each entity refers to the state in which the entity is based, not necessarily where grants and projects are funded by the entity.

¹¹ The 2011 totals for the Gates Foundation, M•A•C AIDS Fund and M•A•C Cosmetics, and Open Society Foundations do not include HIV/AIDS funding to the Global Fund. Please see page 50 for more information.

¹² ViiV Healthcare is a specialist HIV company established in November 2009 by GlaxoSmithKline and Pfizer to deliver advances in treatment and care for people living with HIV. The company has headquarters in both the United States and the United Kingdom and the grantmaking is global in nature. As such, the 2011 total for ViiV Healthcare appears in both the U.S. and European sections of this report.

Table 1. Top 69 U.S. Philanthropic HIV/AIDS Funders in 2011 (continued)

Funder name	Disbursements (\$)	Commitments (\$)
11. Johnson & Johnson, NJ	9,182,534	9,182,534
12. Open Society Foundations, NY ^{11,13}	8,476,705	8,476,705
13. AIDS United, DC	7,838,296*	8,943,514
14. Elton John AIDS Foundation, NY	7,506,871	8,316,871
15. Irene Diamond Fund, NY	7,254,602	7,254,602
16. amfAR, The Foundation for AIDS Research, NY	5,463,182*	7,643,041
17. Foundation for the NIH, MD	5,380,944*	48,487,510
18. Robin Hood Foundation, NY	4,181,250	4,181,250
19. Elizabeth Glaser Pediatric AIDS Foundation, CA	3,637,647*	3,567,930
20. American Jewish World Service, NY	2,841,600*	2,841,600
21. Keep a Child Alive, NY	2,550,557	2,550,557
22. The Starr Foundation, NY	2,500,000	2,500,000
23. Levi Strauss & Co., CA	2,400,000	2,972,000
24. Tides Foundation, CA ¹⁴	2,387,243	2,387,243
25. Pfizer Inc, NY ¹⁵	2,367,213	2,367,213
26. AIDS Foundation of Chicago, IL	2,017,039*	2,144,369
27. J. E. and L. E. Mabee Foundation, Inc., OK ¹⁶	2,000,000	2,000,000
28. The New York Community Trust, NY	1,867,000*	1,867,000
29. Global Fund for Women, CA	1,787,850*	1,904,350
30. Firelight Foundation, CA	1,689,600*	2,076,100
31. Washington AIDS Partnership, DC	1,655,755*	1,526,809
32. Conrad N. Hilton Foundation, CA	1,561,000	2,955,000
33. Janssen Therapeutics, NJ ¹⁷	1,500,000	1,500,000
34. Wells Fargo, CA	1,451,482	1,451,482
35. Doris Duke Charitable Foundation, NY	1,371,000	0
36. Pride Foundation, WA	1,357,308	1,357,308
37. H. van Ameringen Foundation, NY	1,328,000	1,328,000
38. Alphawood Foundation, IL ¹⁸	1,323,000	1,323,000
39. Kaiser Permanente, CA	1,200,000	545,000
40. Glaser Progress Foundation, WA	1,051,901	1,051,901
41. South Africa Development Fund, MA	1,045,900*	1,045,900
42. International Treatment Preparedness Coalition (ITPC), a project of the Tides Center, CA ¹⁹	1,020,566*	1,020,566
43. Chevron Corporation, CA	1,005,000	20,000,000
44. James B. Pendleton Charitable Trust, WA	892,646	892,646
45. Macy's Foundation, OH	850,000	850,000
46. Robert Wood Johnson Foundation, NJ	800,000	800,000
47. Staying Alive Foundation, NY ²⁰	795,706	801,950

¹³ The 2011 dollar amounts provided by the Open Society Foundations are estimates and not exact figures. The estimated disbursements only reflect external, HIV/AIDS-related cash grants from 1) the Soros Foundation Network's Public Health Program, 2) the Burma Project, and 3) national and regional foundations. These numbers do not include HIV/AIDS funding from any other programs within the Soros Foundations Network, though it is possible, that other programs within the Soros Foundations Network may also have provided HIV/AIDS-related funding in 2011.

¹⁴ The Tides Foundation figure does not include grants made by the International Treatment Preparedness Coalition (ITPC), a project of Tides Center that for the purposes of this report has been listed separately.

¹⁵ This figure includes grants from Pfizer Inc, but should be regarded as an estimate that does not include all HIV/AIDS funding from Pfizer Inc and the Pfizer Foundation due to the unavailability of complete data.

¹⁶ The sole grant recipient of the J.E. and L.E. Mabee Foundation, Inc. is Legacy Community Health Services, which specializes in HIV testing, education, treatment and social services. Legacy Community Health Services also provides no-cost or low-cost healthcare services care for other chronic health conditions, so not all of this grant necessarily goes toward HIV-focused work.

¹⁷ Janssen Therapeutics is part of the Johnson & Johnson family of companies, but for the purposes of this report has been considered separately.

¹⁸ The Alphawood Foundation operates on a fiscal year basis, so calendar year 2011 included grants from two fiscal years (2010 and 2011).

¹⁹ ITPC is fiscally managed by Tides Center, and all ITPC grants are therefore legally made from Tides Foundation. For the purposes of this report, however, ITPC and the Tides Foundation have reported separately.

²⁰ The Staying Alive Foundation, based in the U.S. and the U.K., operated in the U.K. as a registered charity for the first time in 2011. The U.K. program is similar to that of the U.S., but currently at a smaller scale. Both programs are included in this report, with the U.S. program in the FCAA section and the separate U.K. program in the EFG section.

Table 1. Top 69 U.S. Philanthropic HIV/AIDS Funders in 2011 (continued)

Funder name	Disbursements (\$)	Commitments (\$)
48. The Brown Foundation, Inc., TX ²¹	750,000	850,000
49. The Comer Foundation, IL	710,000	710,000
50. The John D. & Catherine T. MacArthur Foundation, IL	710,000	685,000
51. Weingart Foundation, CA	640,500	640,500
52. The Summit Foundation, DC	634,902	889,902
53. The Health Foundation of Greater Indianapolis, IN	615,410	615,410
54. San Francisco AIDS Foundation, CA	534,000	484,000
55. East Bay Community Foundation, CA ²¹	524,003	524,003
56. San Diego Human Dignity Foundation, CA	505,554	505,554
57. Zonta International Foundation, IL	500,000	500,000
58. Design Industries Foundation Fighting AIDS (DIFFA), NY	496,424	496,424
59. The Campbell Foundation, FL	479,919	479,919
60. Healthcare Foundation of New Jersey, NJ	476,856	476,856
61. Houston Endowment Inc., TX	470,000	695,000
62. Community Foundation for Greater Atlanta, GA	450,000	450,000
63. BD (Becton, Dickinson and Company), NJ	425,572	425,572
64. San Francisco Foundation, CA ²¹	411,807	411,807
65. Walmart Foundation, AR	402,167	402,167
66. Denver Foundation, CO	398,000	398,000
67. Harry and Jeanette Weinberg Foundation, Inc., MD ²¹	396,780	396,780
68. Boston Foundation, MA ²¹	352,472	352,472
69. Arcus Foundation, MI	300,000	300,000
2011 HIV/AIDS Grantmaking Disbursements by Top 69 ²²	\$479,244,692	
2011 HIV/AIDS Grantmaking Disbursements by funders 70-274 ²³	\$11,767,354	
2011 HIV/AIDS Grantmaking Commitments by Top 69		\$870,091,502
Total 2011 U.S. HIV/AIDS Grantmaking Disbursements²⁴	\$491,012,046	

(To view previous years' HIV/AIDS grantmaking totals for individual funders (2005-2010), please visit www.fcaids.org/resourcetracking)

NEW TOP FUNDERS: In last year's report on 2010 giving, FCAA highlighted a troubling trend that the number of top HIV/AIDS funders – those giving \$300,000 or more – had decreased by nearly 30% since 2005. This year's list of 69 funders features five organizations for which FCAA has 2010 and 2011 data that increased funding from their 2010 totals to above \$300,000 in 2011: The J.E. and L.E. Mabee Foundation, Inc.; the Brown Foundation; the Boston Foundation; the East Bay Community Foundation; and the Healthcare Foundation of New Jersey.

This growth was offset, however, by five top funders from 2010 that are no longer included on the top funders list because their funding dropped below \$300,000.

FUNDERS NEW TO RESOURCE TRACKING REPORTING: Table 1 includes data from 13 funders in 2011 that were not included in the report on 2010 funding because FCAA was not able to obtain their 2010 financial data. These funders include: Gilead Sciences, Inc; the Foundation for the NIH; Keep a Child Alive;

Janssen Therapeutics; Kaiser Permanente; Chevron Corporation; Macy's Foundation; Zonta International Foundation; the Community Foundation for Greater Atlanta; the San Francisco Foundation; the Walmart Foundation; the Denver Foundation; and the Harry and Jeannette Weinberg Foundation, Inc. These funders are not new to funding the HIV/AIDS response in 2011; they likely supported HIV/AIDS in 2010 but their 2010 data on HIV/AIDS funding was not shared or available.

²¹ Financial information for the Brown Foundation, the East Bay Community Foundation, the San Francisco Foundation, the Harry and Jeanette Weinberg Foundation, Inc., and the Boston Foundation was obtained from an annual report or 990 form, and is for fiscal year 2011 (July 2010 to June 2011) rather than calendar year 2011.

²² Funders with an asterisk (*) after their total reported that they received some financial resources from other funders tracked by FCAA. Totals for those funders who reported receiving re-granting funds include the re-granted funds. To avoid double counting of funds, total disbursements for all grantmakers reflects a reduction of \$18,500,207 to correct for re-granting of funds from one FCAA-tracked top grantmaker to another. See the methodology online at www.fcaids.org/resourcetracking for a full explanation.

²³ In addition to funding by the 69 top funders, the total \$491 million in HIV/AIDS disbursements also includes the efforts of 205 other organizations with total disbursements of less than \$300,000.

²⁴ *Note on missing data:* The majority of private philanthropic funding for HIV/AIDS in 2011 has been captured in the available data. However, it is important to note that despite repeated efforts, FCAA was unable to obtain data from some funders. Several other funders that have appeared in previous reports are not included this year for various reasons. They include the United Nations Foundation, which increasingly does not exclusively focus on HIV/AIDS and cannot disaggregate HIV/AIDS-specific funding from grants made towards reproductive health and other health areas, the Silicon Valley Community Foundation, and the Children Affected By AIDS Foundation, which closed as its own foundation in 2012 after joining forces with the organization Keep a Child Alive. Other funders are missing from this list due to yearly fluctuations in funding, or changes in grantmaking focus areas and/or amounts to HIV/AIDS.

Year-to-Year Comparison of U.S. Philanthropic HIV/AIDS Disbursements and Commitments

KEY FINDINGS

Small increase from 2010-2011 led by three top 10 funders:

Among U.S.-based funders for which FCAA has two years of comparable data (2010 and 2011), disbursements for HIV/AIDS increased, but only by 3%, or \$11 million (\$449 million in 2010 to \$460 million in 2011). Significant increases in disbursements for HIV/AIDS from a few of the top 10 funders in 2011, including the Gates Foundation (which represented half of all total U.S.-based disbursements), M•A•C AIDS Fund and ViiV Healthcare, were largely offset by a disturbing trend of reductions by the majority.

Majority of funders decreased funding to HIV/AIDS from 2010-2011:

Over 60% of top funders saw decreases in funding for HIV/AIDS from 2010 to 2011. Funding decreased by 5% (from \$234 million in 2010 to \$223 million in 2011) among funders other than the Gates Foundation, for which FCAA has two years of data. This included decreased funding from three top 10 funders in 2010 that indicated that their HIV/AIDS funding would decrease in 2011 due to a shift of funds to other related health areas, such as sexual and reproductive health and rights, neglected diseases, chronic hunger and malnutrition, and maternal and child health.

Chart 1a. Total U.S. HIV/AIDS Philanthropic Disbursements: 2005-2011

The chart below shows aggregate funding disbursements per year for all funders. Funding to the Global Fund was removed from all totals below (see page 50 for more information about funding to the Global Fund).

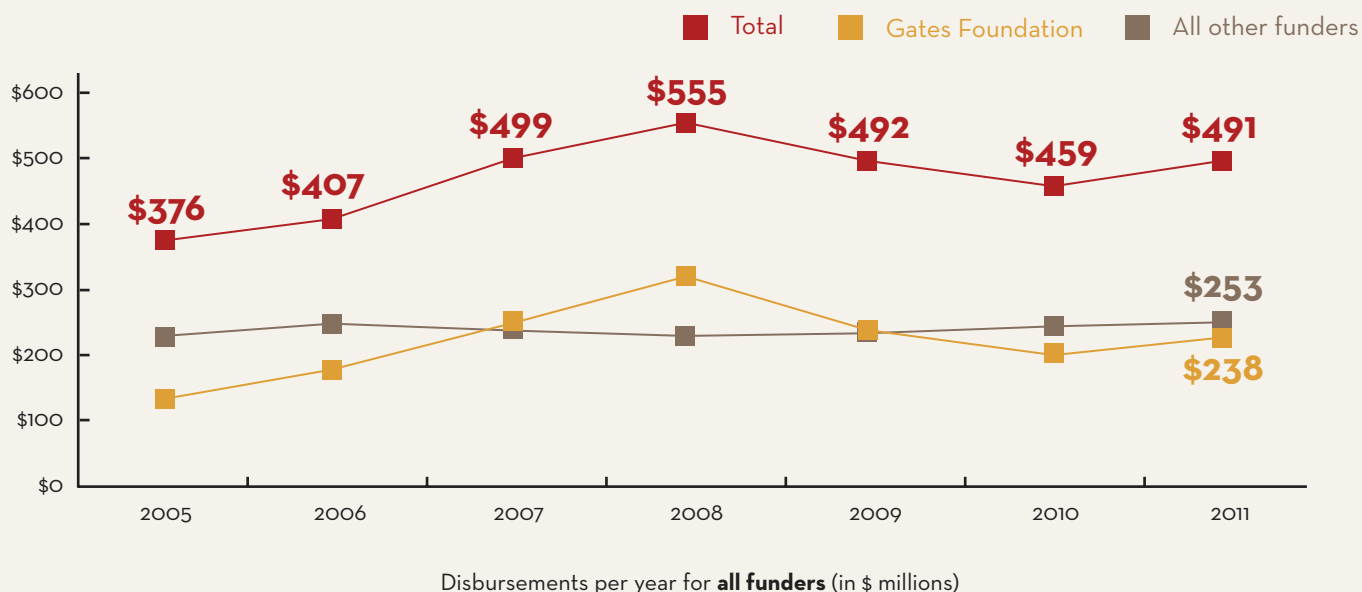


Chart 1b. 2010 - 2011 Changes in Disbursements

Top funders other than Gates Foundation	- \$11 million
Gates Foundation	+ \$23 million
Funders new to the report	+ \$20 million
Total change 2010 - 2011	= + \$32 million

60%

of top funders decreased funding from 2010-2011

Chart 1c. Total HIV/AIDS Philanthropic Disbursements by U.S. Funders 2005-2011 (for 48 funders which seven years of data are available)

To examine year-to-year trends, the chart below uses a subset of only those funders for which all seven years of data were available (2005-2011), 48 of 274 funders. Those 48 funders represented 86% of all funding in 2011 (a total of \$423 million).

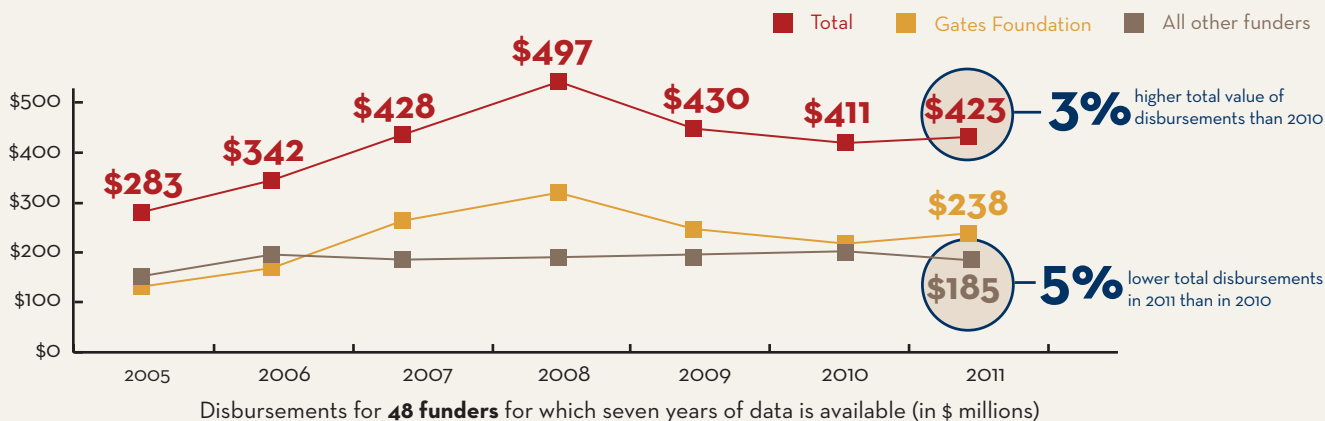
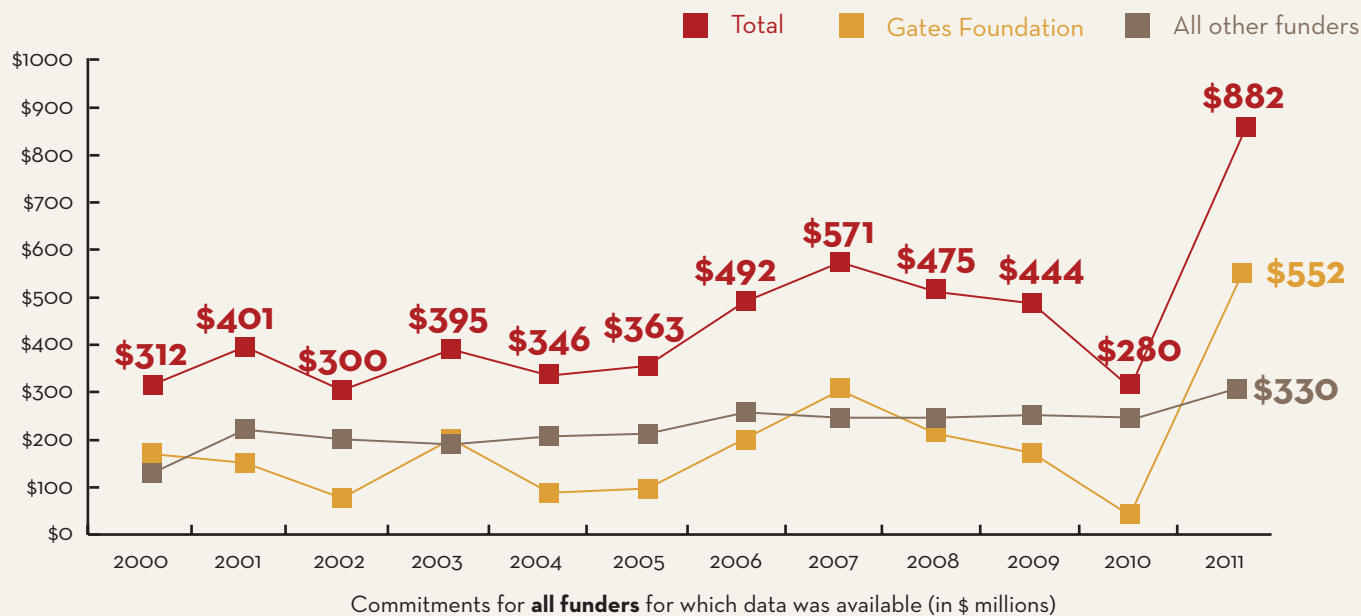


Chart 2. Total HIV/AIDS Philanthropic Commitments by U.S. Funders 2000-2011²⁵



The 215% increase over 2010 in commitments by all funders is due in large part to \$552 million in multi-year commitments reported by the Bill & Melinda Gates Foundation as part of a new strategy and grants cycle in 2011. It should be noted that the Gates

Foundation forecasts disbursements for 2012 to remain roughly the same.

Among funders other than the Gates Foundation for which both 2010 and 2011 commitments data are available, commitments increased only \$7 million

(or 3%) from 2010 to 2011, from \$232 million to \$239 million.

All of the following FCAA charts and tables refer to disbursements.

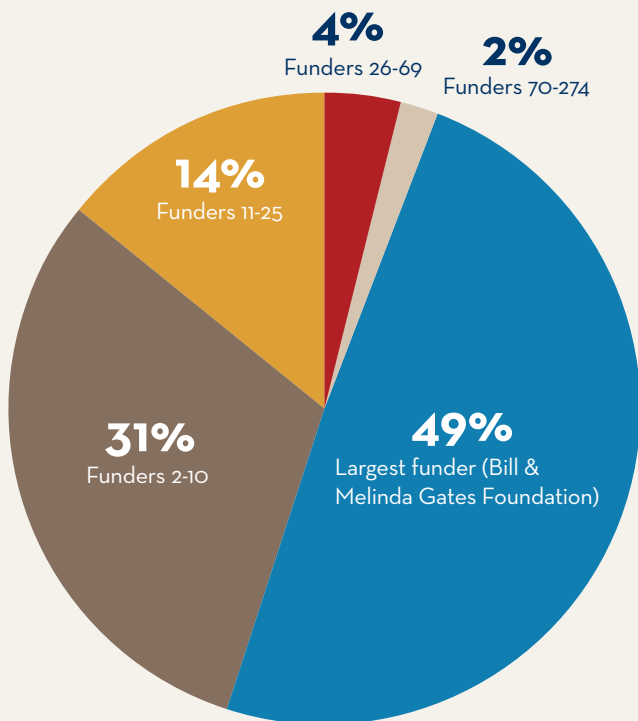
²⁵ All commitments data available for all funders is included in the chart for each year, including funders' totals from Foundation Center and Foundation Search data. This is a change from the methodology of this chart in previous years' reports, when some Foundation Center and Foundation Search data was not included. Historical commitment figures have also been adjusted to remove funding for HIV/AIDS to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Concentration of U.S. Philanthropic HIV/AIDS Funders

KEY FINDINGS

Funding remains highly concentrated among top 10: The top 10 funders accounted for 80% (or \$392 million) of all disbursements. The Gates Foundation alone accounted for 49%.

Chart 3. Distribution of Disbursements by U.S. Philanthropic HIV/AIDS Funders in 2011 (by percentage of total disbursements)



“Innovation is the key to improving the world. When innovators work on urgent problems and deliver solutions to people in need, the results can be magical.”

- Annual Letter 2012 from Bill Gates
(Available at: www.gatesfoundation.org/annual-letter/2012/Pages/home-en.aspx)

LARGEST FUNDER: The creation of the **Bill & Melinda Gates Foundation** in 2000 was a milestone in a new era of growth in global AIDS philanthropy. As the largest private funder of HIV/AIDS, the Foundation has committed more than \$2.5 billion in HIV grants to date, as well as more than \$1.4 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria. With a program goal to “significantly reduce the incidence of HIV infection and extend the lives of people living with HIV,” the Foundation has prioritized six areas, including: vaccine research and development; antiretroviral prevention methods; efficient and effective service delivery (such as reducing the costs of ARVs, evaluation of combination prevention methods, and collaborating with other HIV financing partners); voluntary medical male circumcision; improved diagnostic methods; and, demonstrating the scalability of HIV programs.

U.S.-Based Corporate Philanthropic HIV/AIDS Funders

KEY FINDINGS

A key role in the response: Fifteen corporate foundations and giving programs – including six of the top 10 funders – represented 26% (or \$127 million) of total U.S. HIV/AIDS philanthropy for 2011, and about half of the total disbursements from funders other than the Gates Foundation. Comparatively among general philanthropy, corporate funders represent only 5% (or \$14.5 billion) of total charitable giving in the U.S.

Table 2. **Top U.S.-based Corporate Philanthropic HIV/AIDS Funders in 2011** (ranked by amount of disbursements)

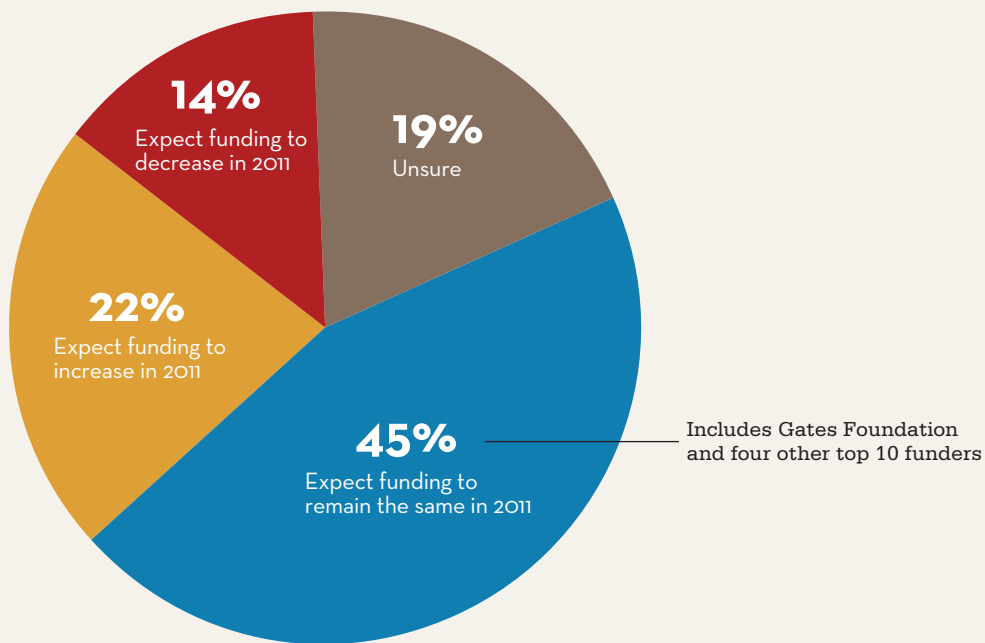
Funder name	Amount
M•A•C AIDS Fund and M•A•C Cosmetics, NY	\$32,876,920
Merck, NJ	20,023,968
Abbott and Abbott Fund, IL	17,437,222
ViiV Healthcare, NC	15,079,833
Gilead Sciences, Inc., CA	12,199,656
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	9,507,095
Johnson & Johnson, NJ	9,182,534
Levi Strauss & Co., CA	2,400,000
Pfizer Inc, NY	2,367,213
Janssen Therapeutics, NJ	1,500,000
Wells Fargo, CA	1,451,482
Chevron Corporation, CA	1,005,000
Macy's Foundation, OH	850,000
BD (Becton, Dickinson and Company), NJ	425,572
Walmart Foundation, AR	402,167
Total	\$126,708,662

Forecast for U.S. Philanthropic HIV/AIDS Funding

KEY FINDINGS

2012 forecasted to remain the same: Almost half (45%) of funders that shared their anticipated grantmaking for 2012 (49 of 69) forecast funding for HIV/AIDS would stay about the same compared to 2011, including the highest funder, the Gates Foundation, and four other top 10 funders.

Chart 4. **Forecast of 2012 U.S. Philanthropic HIV/AIDS Funding**²⁶ (by percentage of funders responding)



²⁶ It should be noted that only about half of the predictions for 2011 funding from the previous year's survey on 2010 funding were correct (19 of 37 responses, including five of nine top 10 funders). The majority of the remainder of the responses (14 of 37) predicted funding would stay the same or increase in 2011 when it actually decreased.

Geographic Distribution of U.S. Philanthropic HIV/AIDS Funding

KEY FINDINGS

Majority of funding was directed to projects with a global aim: Projects that target a worldwide population (such as research) received the highest amount of funding in 2011, representing 44% (or \$221 million) of all disbursements. This was followed by funding to specific countries and regions outside of the U.S., which accounted for 36% (\$179 million), while about 20% (or \$98 million) was directed toward the domestic U.S. epidemic.

Chart 5a. **Share of Total U.S. Philanthropic HIV/AIDS Disbursements in 2011 by Geographic Focus** (by percentage of total expenditure, for 68 of 69 top funders)

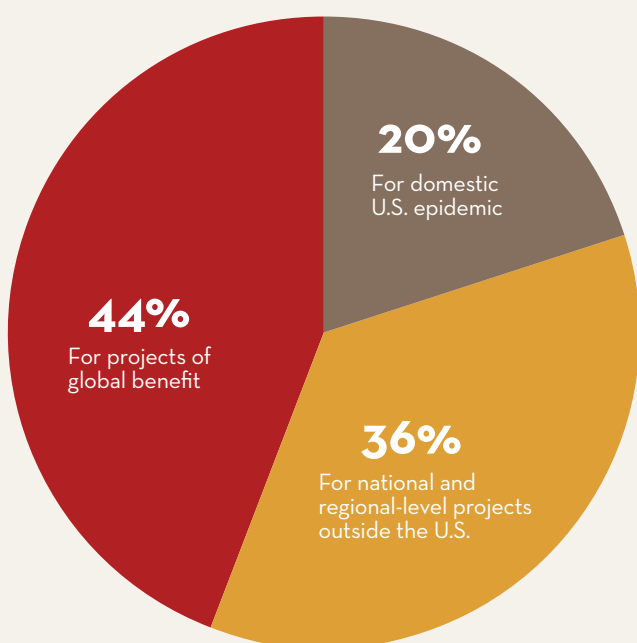
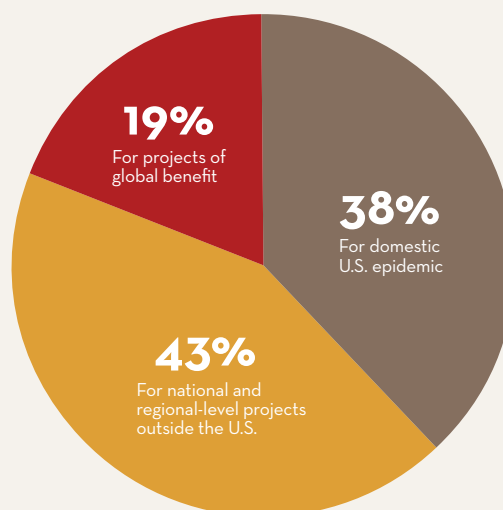


Chart 5b. **Geographic Focus for Funders Other than Gates Foundation** (by percentage of total expenditure)

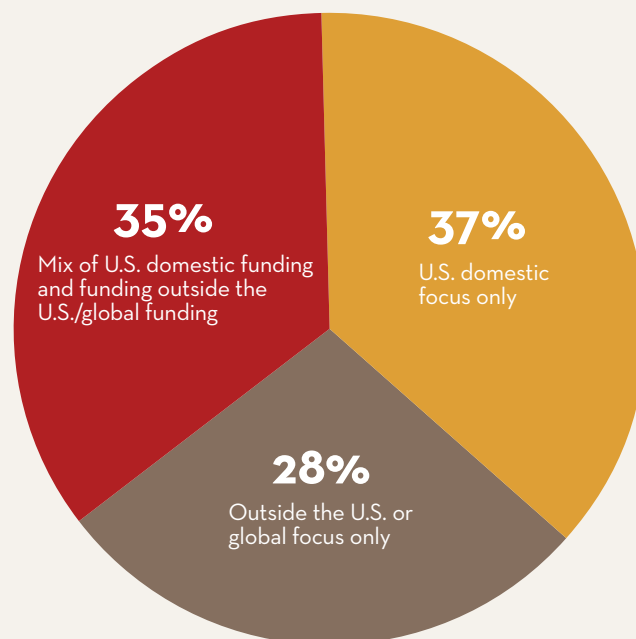


NEW FOR 2012: In response to feedback, FCAA and EFG added the new geographic category **"Projects with a Global Aim"** to capture funding with more of a worldwide reach or target population than a national or regional impact. Other international funding disbursed to specific countries or regions outside of the U.S. is captured in the "National and Regional-level Projects Outside the U.S." section.

Although the lowest percentage of expenditure went to the domestic epidemic, the largest percentage (37%, or 25 of 68 funders) of funders indicated they provided funding exclusively to address the epidemic domestically.

Chart 6. Geographic Focus of U.S. Philanthropic HIV/AIDS Funders in 2011

(by percentage of funders responding to question)



Focus on Domestic U.S. Philanthropic HIV/AIDS Funding

FCAA identified a total of 49 top funders that disbursed funds to address the U.S. domestic epidemic. Twenty-one of those funders

disbursed \$1 million or more to support domestic U.S. HIV/AIDS programming in 2011.

Table 3. Top U.S. Philanthropic Funders (>\$1 Million) of Domestic U.S. HIV/AIDS Work in 2011

(ranked by amount of domestic disbursements)

Funder name	Domestic (\$)	% of total HIV/AIDS disbursements by funder
M•A•C AIDS Fund and M•A•C Cosmetics, NY	13,084,698	40
Gilead Sciences, Inc., CA	8,769,156	72
Broadway Cares/Equity Fights AIDS, NY	8,762,323	95
AIDS United, DC	7,838,296	100
Merck, NJ	5,833,512	29
Ford Foundation, NY	5,273,115	28
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	5,131,916	54
Elton John AIDS Foundation, NY	5,086,871	68
Robin Hood Foundation, NY	4,181,250	100
ViiV Healthcare, NC	2,756,500	18
Abbott and Abbott Fund, IL	2,111,662	12
Johnson & Johnson, NJ	2,087,086	23
J. E. and L. E. Mabee Foundation, Inc., OK	2,000,000	100
AIDS Foundation of Chicago, IL	1,966,539	97
The New York Community Trust, NY	1,867,000	100
Washington AIDS Partnership, DC	1,655,755	100
Janssen Therapeutics, NJ	1,500,000	100
Wells Fargo, CA	1,451,482	100
Pride Foundation, WA	1,357,808	100
H. van Ameringen Foundation, NY	1,328,000	100
Kaiser Permanente, CA	1,200,000	100

Domestic U.S. Regional Distribution

KEY FINDINGS

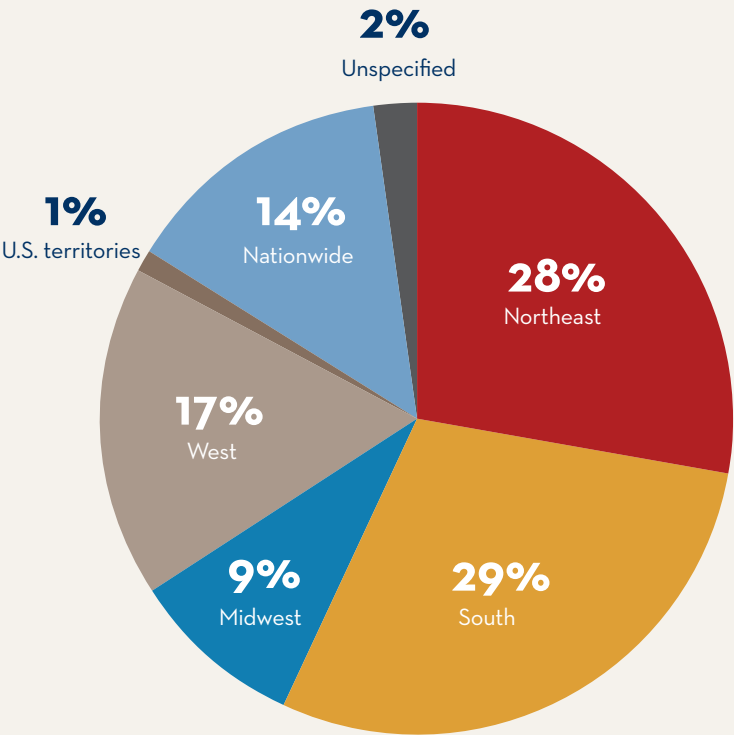
The **Northeast** and the **South** both received about \$28 million in 2011, and were the U.S. domestic regions that received the highest share of funding.

Chart 7 shows the U.S. regional distribution of domestic HIV/AIDS philanthropic funding. FCAA asks funders to report domestic funding according to where the office of the grantee is located. It is important to note that some funders' grantees conduct

HIV/AIDS work outside of the region in which they are based. Therefore, the share of funding given to a domestic region specified in Chart 7 is only an estimate of the actual funding spent in the region. New this year is the **"nationwide"** category that

represents funding for the U.S. that cannot be disaggregated to a regional or other sub-geographic level.

Chart 7. **Regional Distribution of Domestic U.S. Philanthropic HIV/AIDS Funding in 2011**
(by percentage of total domestic disbursements)



Total Disbursements by Region

Region	Total disbursements (\$)
Northeast	\$27,860,362
South	27,991,591
Midwest	8,590,852
West	16,999,919
Nationwide	13,541,115
U.S. Territories	940,535
Unspecified	2,114,254

Table 4. **Top U.S. Philanthropic Funders (>\$1 Million) of Domestic U.S. HIV/AIDS Work by U.S. Region in 2011**

(ranked by amount of disbursements to grantees based in each region)

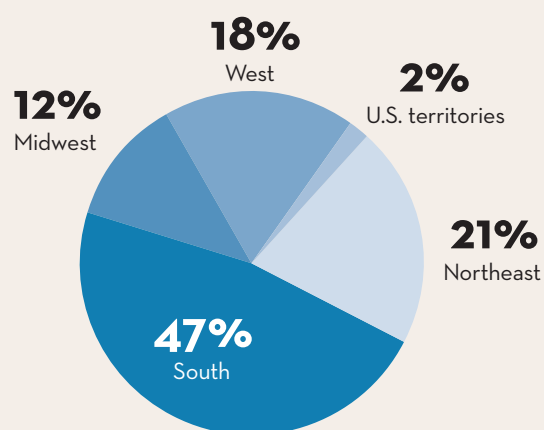
NORTHEAST	
Broadway Cares/Equity Fights AIDS, NY	\$6,171,625
M•A•C AIDS Fund and M•A•C Cosmetics, NY	5,365,623
Robin Hood Foundation, NY	4,181,250
Gilead Sciences, Inc., CA	2,639,795
The New York Community Trust, NY	1,867,000
SOUTH	
M•A•C AIDS Fund and M•A•C Cosmetics, NY	\$4,101,288
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	3,493,685
AIDS United, DC	3,204,403
Gilead Sciences, Inc., CA	2,708,013
Ford Foundation, NY	2,655,000

MIDWEST	
AIDS Foundation of Chicago, IL	\$1,941,539
AIDS United, DC	1,068,509
WEST	
Merck, NJ	\$3,375,350
M•A•C AIDS Fund and M•A•C Cosmetics, NY	2,019,311
AIDS United, DC	1,662,406
Gilead Sciences, Inc., CA	1,387,837
Kaiser Permanente, CA	1,152,000

FINDING THE GAPS: U.S. SOUTH

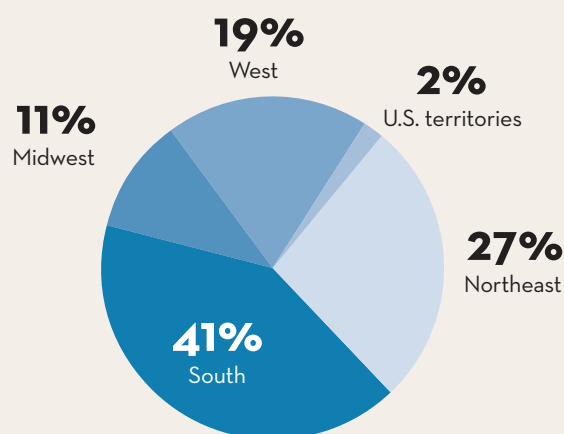
The U.S. South consistently has the highest rate of new HIV infections and the highest number of people living with HIV/AIDS of all U.S. regions, as well as the highest number of AIDS diagnoses and AIDS deaths. A report from the Southern HIV/AIDS Strategy Initiative suggested that some factors that may be contributing to the impact of HIV in the South include general health status (U.S. South ranks low overall on health), poverty, race/ethnicity and gender issues, stigma, and laws and policies that fail to prevent HIV transmission, such as abstinence-based sexual education and criminalization of needle-syringe programs.²⁵

Estimated New HIV Infections in the U.S. in 2010 by Region



Source: Centers for Disease Control and Prevention. HIV Surveillance Report, Vol. 22. 2012. Available at: www.cdc.gov/hiv/surveillance/resources/reports/2010report/index.htm

Estimated People Living with HIV in the U.S. by Region (up to end of 2009)



Note: Chart includes both estimated adults and adolescents living with diagnosis of HIV infection and AIDS diagnosis in the United States.

Source: Centers for Disease Control and Prevention. HIV Surveillance Report, Vol. 22. 2012.

FUNDING EXAMPLES

South

- › The **Ford Foundation** supported a number of initiatives in 2011 to address HIV/AIDS in the U.S. South, including: grant resources and technical support for **AIDS United's** Southern REACH (Regional Expansion of Access and Capacity to Address HIV/AIDS) Initiative to broaden and strengthen community infrastructure; support to

Duke University for the AIDS Legal Project to develop policy and strategy recommendations around the implementation of the U.S. National HIV/AIDS Strategy in the Southeastern U.S.; and support to Human Rights Watch to examine the disproportionate impact of HIV among marginalized communities in the southern U.S.

Northeast

- › In 2011 the New York City AIDS Fund in the **New York Community Trust** prioritized the simultaneous funding of policy, treatment and organizational management to help control the spread of HIV in New York City. Examples of this strategy included support to: the Ali Forney Center to build an integrated electronic database to better coordinate services for homeless LGBT youth at-risk for HIV infection; the organization Gay Men of African Descent for a peer-led HIV prevention program

for young black and Latino men who have sex with men; HELP/PSI to open a primary care center as part of a syringe-exchange program; the Correctional Association of New York to monitor and improve healthcare for HIV-positive inmates in New York state prisons; and the Asian & Pacific Islander Coalition on HIV/AIDS to help prepare AIDS service organizations to become federally qualified health centers.

Puerto Rico (UST)

- › In 2011 **AIDS United** dedicated significant staff time and resources to create an independent grantmaking pool for Puerto Rico. The direct grants portfolio of \$250,000 (funded by **Johnson & Johnson, Merck, M-A-C AIDS Fund, the H. van Ameringen Foundation, and the Elton John AIDS Foundation**) has supported syringe exchange, programs for men who have sex with men, and programs for women and girls across Puerto Rico. AIDS United has also convened community and philanthropic leaders to both help develop and support this new focus on Puerto Rico.



Puerto Rico CoNCRA - Peer Educator for the HSH (MSM in English) outreach program.

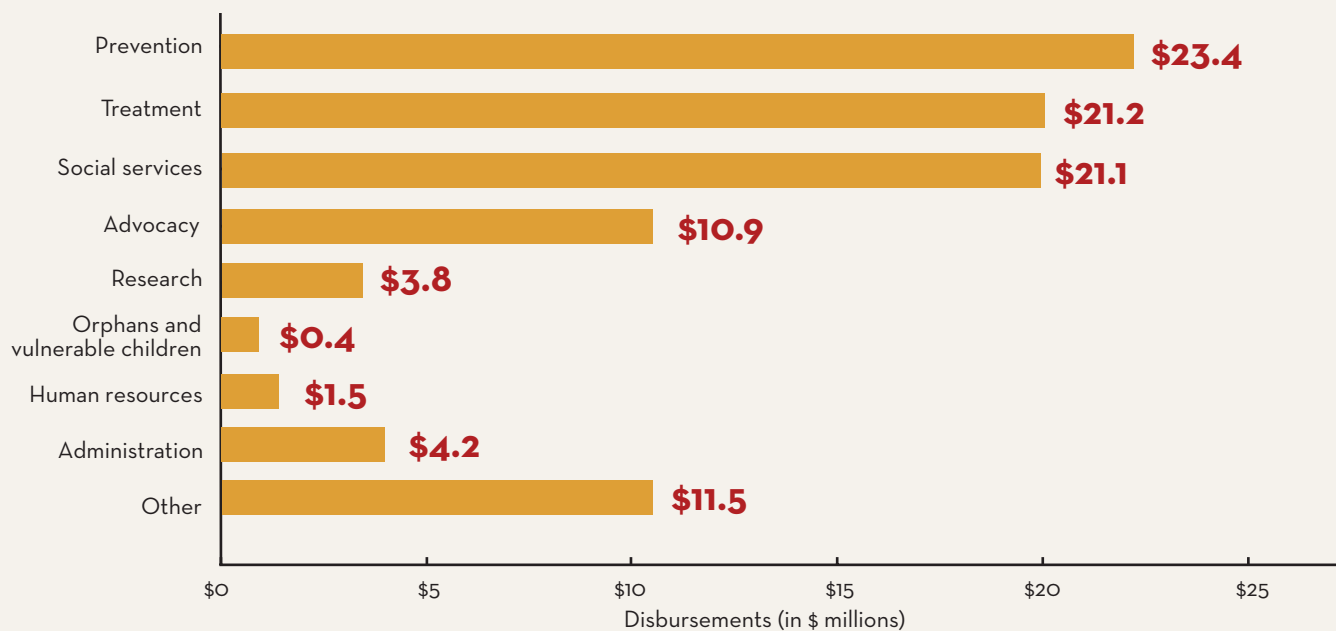
²⁶ Southern HIV/AIDS Strategy Initiative. *HIV/AIDS Epidemic in the South Reaches Crisis Proportions in Last Decade*. Duke Center for Health Policy and Inequalities Research (CHPIR), Duke University, Durham, NC. December 2011. Available at: <http://globalhealth.duke.edu/news/2011/ResearchReportFinal3-12.pdf>.

Intended Use of U.S. Philanthropic HIV/AIDS Funding for the Domestic U.S. Epidemic

KEY FINDINGS

Prevention projects received the biggest share of U.S. domestic funding (\$23 million), followed by treatment (\$21 million), and social services (\$21 million).

Chart 8. Intended Use of U.S. Philanthropic HIV/AIDS Funding for the Domestic U.S. in 2011 (for 48 of 49 top funders)



The “other” category for domestic intended use includes funding that was unspecified and funding for projects that did not fall under the pre-determined categories, such as: health system strengthening; work

against stigma; management, leadership and other organizational capacity building; assistance in streamlining business functions; technical assistance to HIV/AIDS service providers; and support of hospice

care. The research category here is significantly lower than 2010 as a significant portion of that work is now reflected in the “projects with a global aim” section on page 46.

FUNDING EXAMPLES

Prevention

› **Gilead's** HIV FOCUS program (HIV on the Frontlines Of Communities in the United States) partners with healthcare providers, government agencies and community organizations to: make routine HIV screening a standard of care; reduce the number of undiagnosed individuals, and ensure strong linkages to care; expand stakeholder dialogue on HIV and overcome HIV-related stigma that may discourage testing. HIV FOCUS works with partners in 10 cities that represent 45% of people living with HIV/AIDS in the U.S., including: Atlanta, Baltimore, Houston, Chicago, Los Angeles, Miami, New Orleans, New York, Philadelphia, and Washington, D.C. In one partnership with the Department of Motor Vehicles (DMV) in D.C., free HIV testing is offered for customers while they wait for their driving licenses – a first-of-its-kind initiative. In another, Urban Health Plan (UHP), a network of Federally Qualified Health Centers in the South



The Urban Health Plan

Bronx and Corona Queens, New York, instituted routine screening through integrated processes and use of the electronic health record to measure offer and acceptance rates. HIV testing increased from just 8% to 50% in the first year of implementation. UHP is now planning to disseminate this best practice to several other health centers in New York City.

Treatment

› The **AIDS Foundation of Chicago** has launched several access to HIV care initiatives in light of developments in treatment as prevention (TasP). Connect2Care (C2C), which is largely funded by the **AIDS United** Social Innovation Fund grant, is focused on transforming Chicago's HIV/AIDS sector by more closely linking healthcare providers with community-based organizations that provide critical supportive services that help people living with HIV/AIDS stay healthy and engaged in care. Another citywide initiative – Project Identify, Navigate, Connect, Access, Retain, and Evaluate (IN-CARE) – uses a multi-agency, multifaceted intervention model aimed at facilitating access to and retention in HIV healthcare for men in Chicago. The project also features an assessment tool to help identify key barriers that prevent men of color living with HIV/AIDS from accessing or staying in care. For more on TasP, please see page 52.



A young man is tested for HIV on Chicago's South Side through a testing initiative coordinated by the AIDS Foundation of Chicago that links newly-diagnosed people to care. (AFC Photo-Ed Negrón)

Advocacy

- › The **Weingart Foundation** supports the Shanti Orange County's Shanti Ambassadors program to train individuals with HIV to be speakers and advocates on behalf of the HIV/AIDS community. Shanti Ambassadors are a group of trained volunteers that provide advocacy presentations throughout Orange County to raise awareness of HIV, encourage

individuals at-risk to seek testing and treatment, and to inform elected officials of the needs of the HIV/AIDS community. Program volunteers also assist in guiding community leaders in effective policymaking, and help to represent the organization in Orange County legislative advocacy efforts.

Social Services

- › **Broadway Cares/Equity Fights AIDS (BC/EFA)** supports Safe Haven, an organization based in Thomasville, Georgia that has been reaching out to people living with HIV/AIDS in 24 rural southwest Georgia counties for more than 15 years, supplying such necessary primary provisions as nutritious meals, personal care items, clothing, linens and appliances. Long distances separate clients from their clinic appointments and supportive services and, coupled with growing gas prices and travel expenses, these

distances can seem insurmountable. A grant of \$7,500 from BC/EFA to cover transportation and gas expenses allows Safe Haven to offer continuous care to those in need regardless of their distance. A new computer-training program will help to bridge the distances even more, keeping clients connected on a daily basis to share information and support.

Funders' and the U.S. National HIV/AIDS Strategy (NHAS)

FCAA toolkit

Funders' Guide to the National HIV/AIDS Strategy

New for the 2011 survey, FCAA asked respondents to share examples of domestic-focused work that is aligned with, or supportive of, the NHAS. Seven top funders have implemented new guidelines that track and/or prioritize grantee relationships to the NHAS. At least 10 funders shared new program priorities that focus on routine HIV testing and early treatment initiation that support the Strategy's goals to help reduce new HIV infections. One funder also shared an effort to bridge local treatment gaps by purchasing medications for HIV-positive clients that fell through cracks in the AIDS Drug Assistance Program. A number of funders also highlighted participation in AIDS United's multi-million, multi-sponsored Access to Care Initiative (A2C) that funds networks of care across the U.S. designed to engage people living with HIV/AIDS in resource-constrained settings into support services and link them to care.

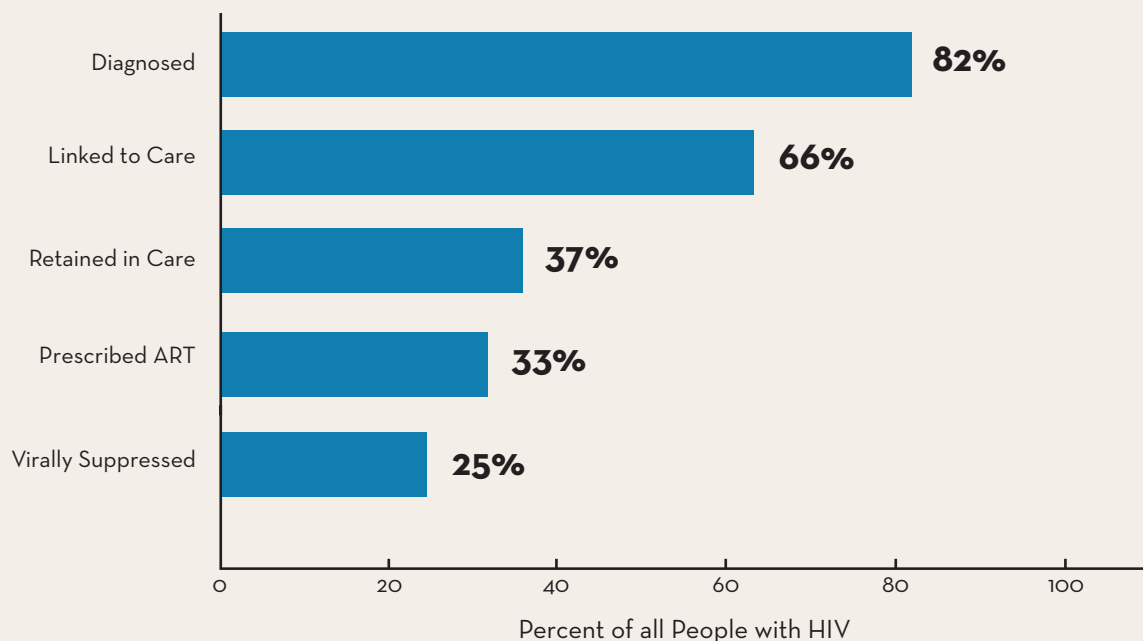
For more information, find eight recommended actions for funders to help advance the goals of the NHAS, as well as correlating funders and stakeholder actions in the FCAA toolkit: Funders' Guide to the National HIV/AIDS Strategy www.fcaaid.org/NHASToolkit.

FINDING THE GAPS: LINKAGES TO CARE

Though the numbers of HIV-infected people in the U.S. that are aware of their HIV status have improved over the past decade, with an estimated 82% aware of their status in 2009, only about a quarter of all people living with HIV in the U.S. receive the continuous care and treatment needed to be healthy and reduce their HIV transmission to others.

The Treatment Cascade

Of 1.1 million Americans living with HIV, only 25% are virally suppressed.



Source: Centers for Disease Control and Prevention. *CDC Fact Sheet: HIV in the United States: The Stages of Care*. July 2012. Available at: www.cdc.gov/nchhstp/Newsroom/docs/2012/Stages-of-CareFactSheet-508.pdf.

FINDING THE GAPS: HARM REDUCTION

Though the Obama Administration was able to complete a process begun by President George W. Bush to lift the decades-long **ban on federal funding for needle and syringe programs** in 2009, Congress reinstated the ban in 2011. Where availability of clean needles and other harm reduction activities have been implemented, HIV and hepatitis C transmission have been reduced. As of August 2012, the North American Syringe Exchange Network (NASEN, www.nasen.org) counted 203 needle and syringe programs operating in 32 states. Given the absence of any federal support, these programs rely on funding from state and local governments and philanthropic sources.

Target Populations of HIV/AIDS Funding for the Domestic U.S. Epidemic

KEY FINDINGS

African Americans, men who have sex with men, women, and homeless/impoverished persons were the top target populations of U.S. domestic HIV/AIDS funding.

Top funders were asked to identify the three population groups that receive the greatest benefit from their domestic funding. The categories are not mutually exclusive. (Note: Although funders were asked to list only the top three target populations of their funding, some reported more than three populations. In those cases, all populations reported were included in Chart 9.)

New this year, the “People living with HIV/AIDS” category was removed from the target populations questions in the survey in an effort to capture better detail on funding to subpopulations of people living with HIV/AIDS. Many organizations fund people living with HIV/AIDS in a general sense, however, and wrote in that response, so the category still appears in the target population charts.

Funders who supported U.S. medical research for HIV/AIDS for domestic benefit reported the research targeting youth, people who inject drugs, all populations on HIV treatment, and uninfected persons.

The “other” category for domestic target populations included responses that fell outside of the pre-determined categories. Funders reported examples as “other” such as HIV/AIDS education, all populations, no target population, immigrants and LGBT communities.

Chart 9a. **Target Populations of U.S. Philanthropic HIV/AIDS Funding for the Domestic U.S. Epidemic in 2011**
(All Top Funders) (by percentage of 47 top domestic funders from which target populations data were obtained)

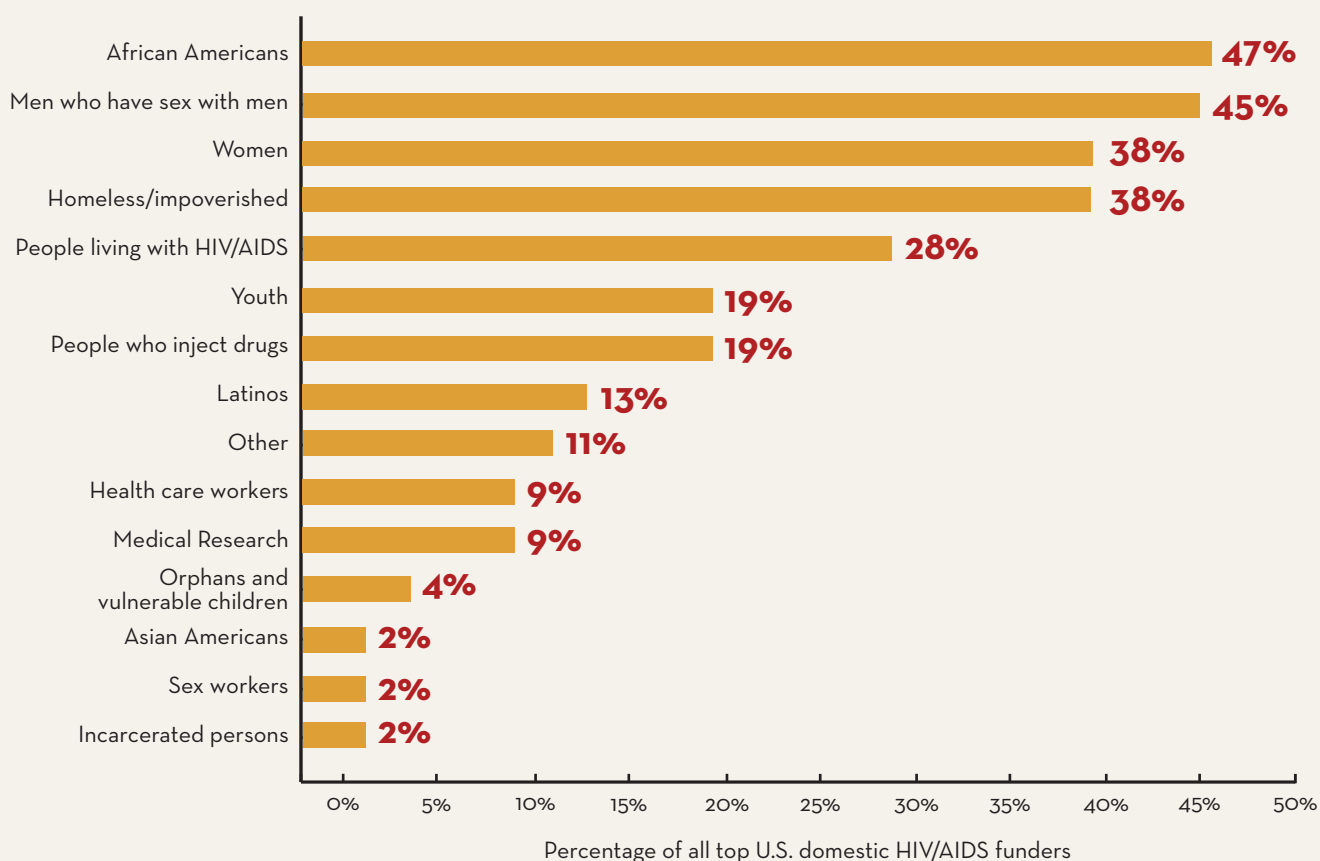
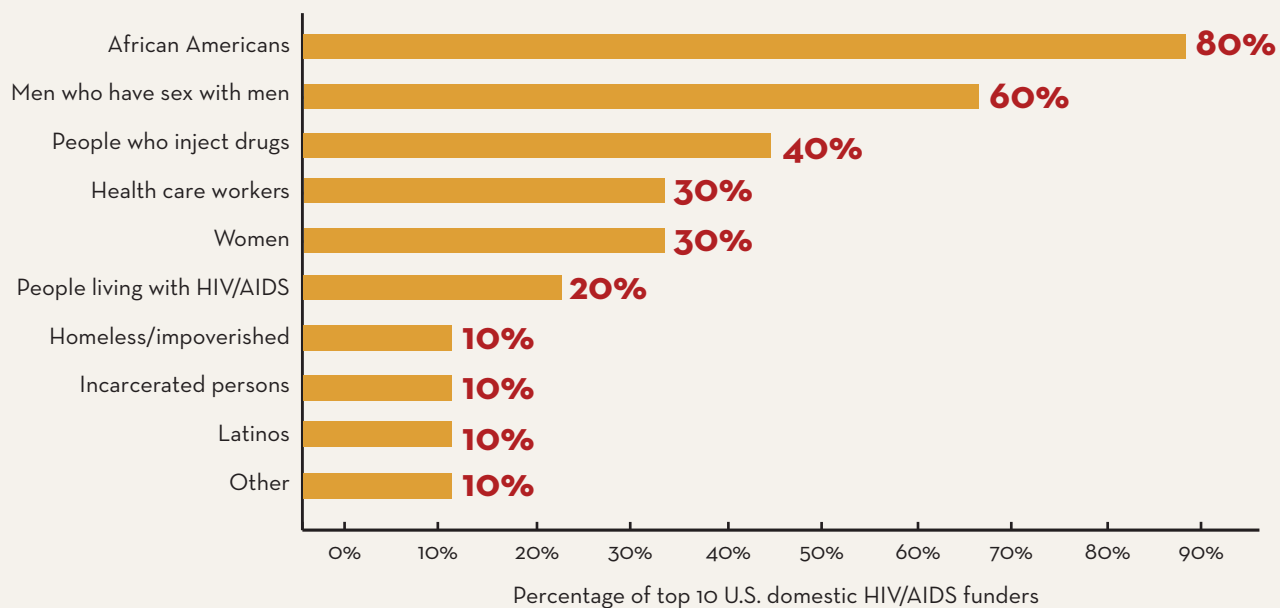


Chart 9b. **Top 10 Funders**

TOP 10: Giving from the top 10 U.S. domestic HIV/AIDS funders represented **67%** of philanthropy for the U.S. domestic epidemic from top funders in 2011.

FUNDING EXAMPLES

African Americans

- › To address severe and persistent disparities in treatment outcomes and to help strengthen Black Americans' link to care, **Merck** has partnered with the Black AIDS Institute (BAI) to help expand the Black Treatment Advocates Network (BTAN). The program is designed to train and

mobilize a team of treatment advocates with a mission of linking Black Americans with HIV into care and treatment, strengthening local and national leadership, and advocating for policy change and research priorities. In 2011 the BTAN trained more than 100 new advocates.

Men who have sex with men (MSM)

- › The **M·A·C AIDS Fund (MAF)** supported Emory University to develop a new intervention for MSM couples in the United States. Testing Together represents the first attempt to utilize Couples Voluntary HIV Counseling and Testing (CVCT) for MSM in the U.S., an intervention proven effective at reducing HIV transmission with heterosexual couples in Africa. Testing Together has conducted an initial rollout of CVCT in several U.S. cities with the primary goals of increasing the number of counselors trained in MSM CVCT, and increasing testing of MSM couples at community based

organizations. The project will examine uptake of CVCT among U.S. MSM through an in-depth evaluation using process and satisfaction measures. MAF grant funds will support the development of high-quality training materials for HIV counselors, as well as "apps" for common mobile technology platforms to help guide counselors through CVCT procedures and return of HIV results. The initial rollout and development of the service website were also supported by MAF with contribution from Emory's Center for AIDS Research.

Women

- › **The Pride Foundation** supported the BABES Network in Seattle, a program of the YWCA of Seattle that provides peer-based support by and for women living with HIV. The BABES Network aims to reduce isolation and promote empowerment of women living with HIV, through

advocacy activities, peer counseling and support groups, educational forums and other events. One project works to help HIV-positive women and men share their stories with local community groups in an effort to reduce stigma and increase HIV awareness.

People who inject drugs

- › Since 2005 the **Elton John AIDS Foundation (EJAF)** has invested more than \$3.2 million nationally in needle exchange and harm reduction services through the Syringe Access Fund, a grantmaking partnership with **AIDS United**, the **Irene Diamond Fund**, **Open Society Foundations**, and the **Levi Strauss Foundation**, as well as another \$400,000 in syringe access research and advocacy initiatives. In 2011, EJAF made a two-year commitment of \$1.6 million in grants selected through the Syringe Access Fund, and funded approximately 50 organizations, including: The Lower East Side Harm

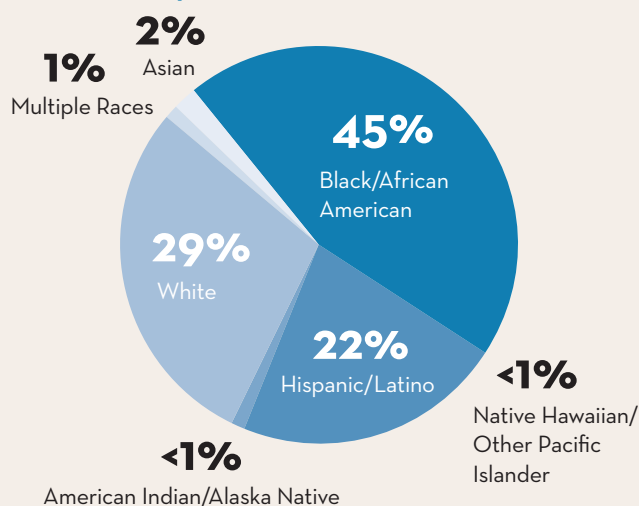
Reduction Center in New York City, The Chicago Recovery Alliance, The AIDS Task Force of Greater Cleveland, Women with a Vision in New Orleans, Helping Individual Prostitutes Survive (HIPS) in Washington D.C., and Clean Needles Now in Los Angeles, among others. These small, community-based organizations reach more than 30,000 people at high risk for HIV infection and transmission, distributing more than 10 million syringes, and ensuring that patrons receive the health information and services they need.

FINDING THE GAPS: BLACK AMERICANS AND MEN WHO HAVE SEX WITH MEN

Black Americans represented an estimated **13% of the U.S. population** in 2011, yet they have the highest rate of new HIV infection and new AIDS diagnoses of any race/ethnicity, accounting for an estimated **45% of new HIV infections** in 2010.

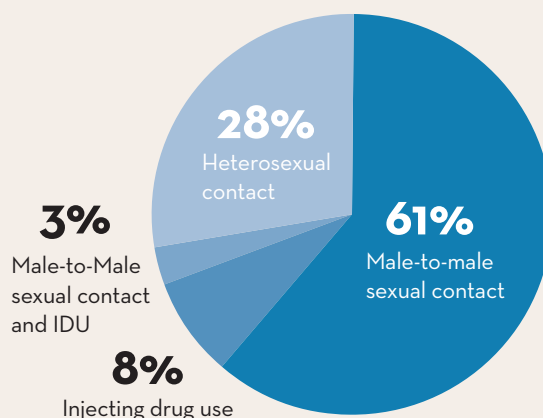
Men who have sex with men represented an estimated **2% of the U.S. population** in 2009, yet HIV transmission by male-to-male sexual contact accounted for **61% of new HIV infections** in 2010.

Estimated New HIV Infections in the U.S. by Race/Ethnicity in 2010



Source: Centers for Disease Control and Prevention. HIV Surveillance Report, Vol. 22. 2012; and United States Census Bureau. State & Country Quick Facts: USA. Available at: <http://quickfacts.census.gov/qfd/states/00000.html>

Estimated New HIV Infections in the U.S. by Transmission Category in 2010



Sources: Centers for Disease Control and Prevention. HIV Surveillance Report, Vol. 22. 2012; and Centers for Disease Control and Prevention. Fact Sheet: Estimates of New HIV Infections in the United States, 2006–2009; August 2011. Available at: www.cdc.gov/nchhsp/newsroom/docs/Hiv-infections-2006-2009.pdf

What HPTN 061 Reveals About Black MSM

The HPTN 061 study conducted by the HIV Prevention Trials Network (HPTN) enrolled over 1500 black men who have sex with men between July 2009 and December 2011 to understand the factors and strategies that may affect HIV risk in this population. Participants were offered HIV/STI testing and counseling, the help of a peer community navigator to access clinical and social services, and if HIV-positive, linkages to treatment and care. Some preliminary findings include:

- ▶ Though black MSM make up less than half of one percent of the U.S. population, the HIV infection rate among black MSM in the study was **nearly 50% higher than among white MSM** in the U.S.
- ▶ **Young black MSM** (age 30 or younger) are particularly vulnerable to HIV, with an HIV infection rate of 5.9% per year.
- ▶ In attempting to understand the discrepancy between black and white MSM HIV infection rates, researchers suggested **low rates of HIV testing** may be one factor. Almost 90% of the men in the study believed they were uninfected or did not know their HIV status, and 12% were found to be HIV-positive when tested at the beginning of the study.
- ▶ **Risky sexual behavior is not a factor**, as black gay and bisexual men are not more likely than their white counterparts to engage in risky sexual behaviors.

(Sources: HIV Prevention Trials Network (HPTN). Press release: New Study Finds Greatly Elevated HIV Infection Rates Among Young Black Gay and Bisexual Men in the U.S. July 23, 2012. Available at: www.hptn.org/web%20documents/HPTN061/Results/HPTN061ResultsPR23Jul2012.pdf; and Fact Sheet: HPTN 061. Available at: www.hptn.org/web%20documents/HPTN061/FactSheet_061_July%202012v2.pdf

AIDS 2012 Web Cast Transcript. Health Disparities and the U.S. MSM HIV Epidemic. July 23, 2012. Transcript provided by the Henry J. Kaiser Family Foundation. Available at: http://globalhealth.kff.org/-/media/Files/AIDS%202012/072312MOAC01_disparities_transcript.pdf

Focus on National and Regional Philanthropic HIV/AIDS Funding Outside the U.S.

FCAA identified 23 funders out of the top 69 funders that disbursed \$1 million or more to support national and regional-level AIDS programming outside of the U.S. in 2011.

In previous years' surveys, funders reported geographical distribution of their funding based on the main office location of the

grant recipient—either 'domestic' grantees within the United States or 'international' grantees outside the United States. This year, however, an effort was made to distinguish funding with a global aim from funding directed to specific regions or countries outside the U.S. among the international

grantees. This section explores funding from U.S. organizations directed to projects of benefit to regions or countries outside of the United States. (See page 45 for information about funding with a global aim.)

Table 5: Top U.S. Philanthropic Funders (>\$1 Million) of National and Regional HIV/AIDS Work Outside of the U.S. in 2011 (ranked by amount of international disbursements)

Funder name	National and regional projects outside the U.S. (\$)	% of total HIV/AIDS disbursements by funder
Bill & Melinda Gates Foundation, WA	66,000,000	28
M•A•C AIDS Fund and M•A•C Cosmetics, NY	19,394,722	59
Abbott and Abbott Fund, IL	15,325,560	88
Merck, NJ	14,190,456	71
ViiV Healthcare, NC	10,067,670	67
Ford Foundation, NY	9,048,031	48
Johnson & Johnson, NJ	7,095,448	77
Elizabeth Glaser Pediatric AIDS Foundation, CA	3,637,647	100
Gilead Sciences, Inc., CA	3,230,000	26
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	3,175,179	33
American Jewish World Service, NY	2,658,641	94
Open Society Foundations, NY	2,569,656	30
Keep a Child Alive, NY	2,550,557	100
Elton John AIDS Foundation, NY	2,420,249	32
amfAR, The Foundation for AIDS Research, NY	2,132,207	39
Global Fund for Women, CA	1,787,850	100
Firelight Foundation, CA	1,674,600	99
Conrad N. Hilton Foundation, CA	1,561,000	100
Tides Foundation, CA	1,460,726	61
Levi Strauss & Co., CA	1,360,000	57
Glaser Progress Foundation, WA	1,051,901	100
South Africa Development Fund, MA	1,045,900	100
International Treatment Preparedness Coalition (ITPC), a project of the Tides Center, CA	1,020,566	100

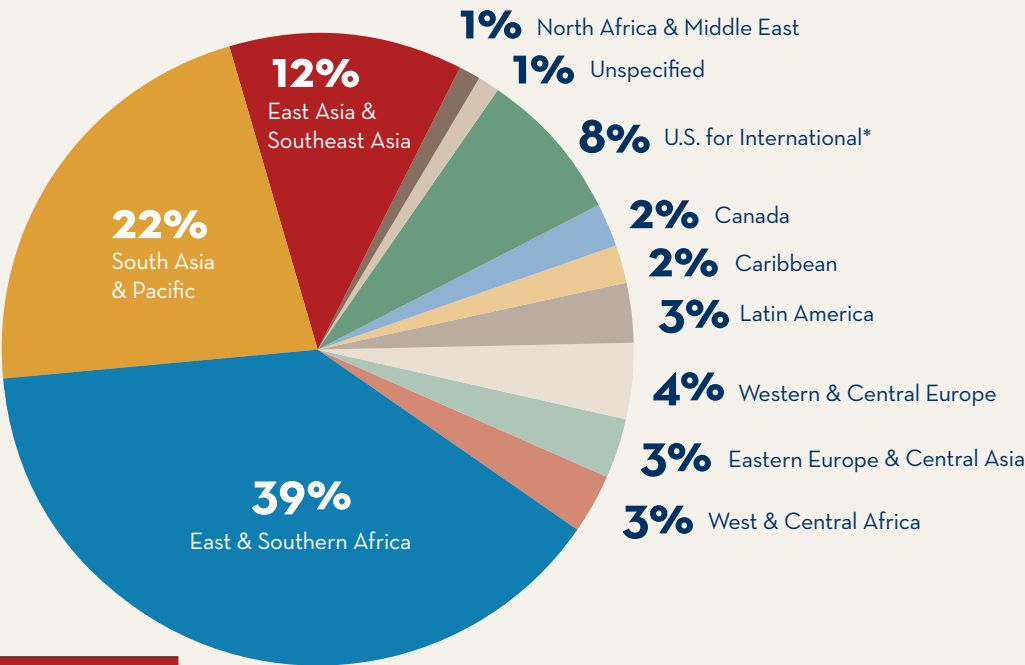
Distribution of Funding to Specific Regions Outside the U.S.

KEY FINDINGS

East and Southern Africa received the most funding of all regions outside of the U.S. (\$69 million), followed by **South Asia & the Pacific** (\$40 million), and **East Asia & Southeast Asia** (\$22 million).

Of the top 69 funders in 2011, FCAA identified a total of 35 that disbursed funds to specific countries or regions to address the epidemic outside of the United States.

Chart 10. **Regional Geographic Distribution of U.S. Philanthropic HIV/AIDS Funding Outside of the U.S. in 2011** (by percentage of total international disbursements)



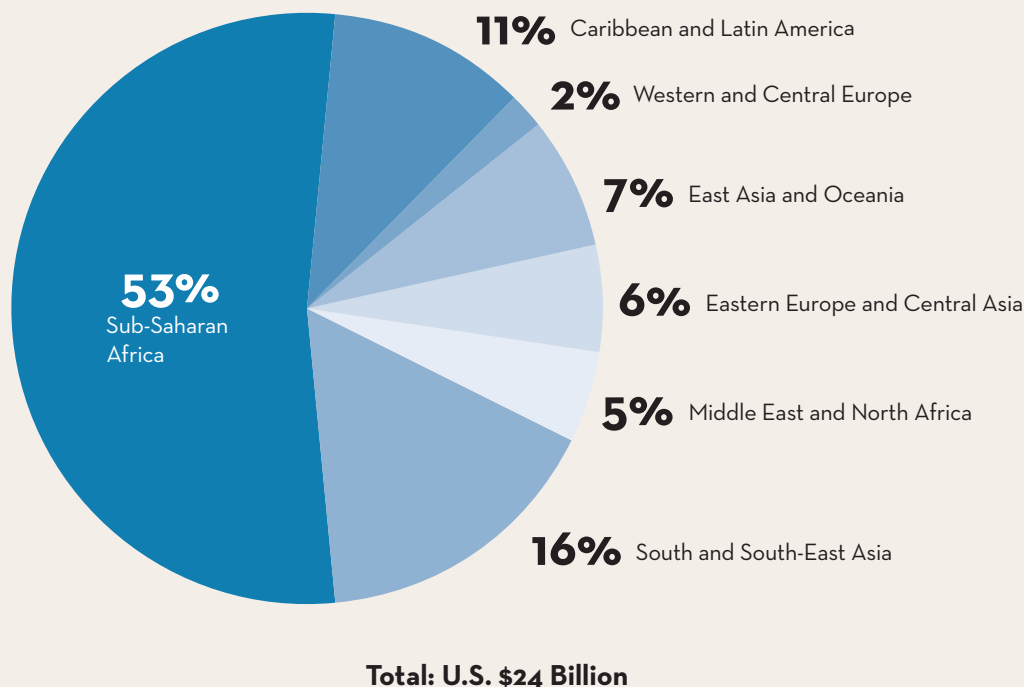
Region	Total disbursements (\$)
East & Southern Africa	69,410,271
South Asia & Pacific	39,699,880
East Asia & Southeast Asia	21,810,008
U.S. for international*	14,497,545
Western & Central Europe	6,825,654
West & Central Africa	5,846,550
Latin America	5,075,753
Eastern Europe & Central Asia	4,625,161
Canada	3,529,267
Caribbean	3,334,411
North Africa & Middle East	2,519,375
Unspecified	1,360,532

*Funding for grantees with main offices in the United States that are known to use the grant money for national and regional work outside the U.S. are counted in the 'U.S. for international' figure. This is in contrast to the other categories where funding is granted directly to offices in each region.

FINDING THE GAPS: RESOURCE NEEDS BY GEOGRAPHIC AREA

The following chart, sourced from UNAIDS data, shows what each geographic region needs annually to meet the global targets set for 2015. Nearly \$13 billion is needed in the Sub-Saharan Africa region, followed by \$3.8 billion needed in South and Southeast Asia, and \$2.6 billion needed in the Caribbean and Latin America.

Estimated Resource Needs in Low- and Middle-Income Countries 2015



Source: UNAIDS. Meeting the Investment Challenge: Tipping the Dependency Balance. July 2012.

FUNDING EXAMPLES

Caribbean

- › The **International Treatment Preparedness Coalition** and **amfAR's** GMT Initiative (Gay men, other Men who have sex with men, and Transgender individuals Initiative, formerly called the MSM Initiative) supported the Trinidad & Tobago-based MSM No Political Agenda (MSMNPA) in 2011. Billed as “*Your #1 choice in the fight against AIDS for MSM and gay communities in the Caribbean*,” the MSMNPA’s print and online newsletters, including the FRee FORUM Project, seek to fill the

information gap that is faced by communities of men who have sex with men and people living with HIV/AIDS in the region. MSMNPA advances treatment preparedness and universal access; care and support services; prevention with community-specific information on health and behavior; and human rights advocacy to address social issues such as stigma and discrimination, empowerment, self-esteem.

East and Southern Africa

- › Since 2007, the **Abbott Fund** has invested \$4 million and Abbott has donated diabetes products and HIV tests worth \$1.5 million to support AMPATH (Academic Model Providing Access to Healthcare), headquartered in Eldoret, Kenya. The primary focus of their support has been AMPATH’s home-based counseling and testing initiative, designed to reach people most impacted by the targeted diseases. The use of simple technology brings healthcare directly to people’s homes rather than requiring them to go to a hospital or clinic, which is often a hardship for those without reliable transportation.

AMPATH’s community health workers locate and keep track of people in remote locations by using handheld GPS systems, providing rapid HIV tests, and entering data into smartphones. To date nearly 700,000 people have been tested for HIV and other diseases.



An AMPATH program of a counselor going out into the field to conduct HIV testing at home.

Eastern Europe and Central Asia

- › The **Levi Strauss Foundation (LSF)** funded partnerships with organizations including the Andrey Rylkov Foundation, **International Treatment Preparedness Coalition**, the European AIDS Treatment Group, and the International HIV/AIDS Alliance in Ukraine for legal and media advocacy and grassroots organizing. LSF grants also supported capacity building and outreach to ensure meaningful engagement by key affected populations in efforts to reform harm reduction, HIV/AIDS, and tuberculosis treatment policies to meet international human rights standards. As a result of partners’ advocacy,

an amended HIV/AIDS law was passed in Ukraine allowing: rapid HIV testing to be performed by non-governmental entities including NGOs; youth over the age of 14 years to access voluntary HIV counseling and testing without parental consent; and guaranteed access to syringe exchange services and appropriate disposal of used needles and syringes. In Russia, advocacy resulted in an increase in traditional and online media articles about Russian drug policies and the nation’s growing HIV/AIDS epidemic.

India

- › Through the Avahan Initiative in partnership with the Indian Government, the **Bill & Melinda Gates Foundation** supported Voluntary Health Services, Chennai to implement prevention services for female and male sex workers and transgenders in the 12 districts of Tamil Nadu. The program, the Tamil Nadu AIDS Initiative (TAI), aims to reduce risk and vulnerability to HIV infection by

providing treatment for sexually transmitted infections, condom distribution, and programs to create supportive social structures for those populations at high risk of HIV. The program also has a strong monitoring and evaluation component that tracks impact and outcomes to improve program performance.

Intended Use of Philanthropic HIV/AIDS Funding for National and Regional Projects Outside of the U.S.

KEY FINDINGS

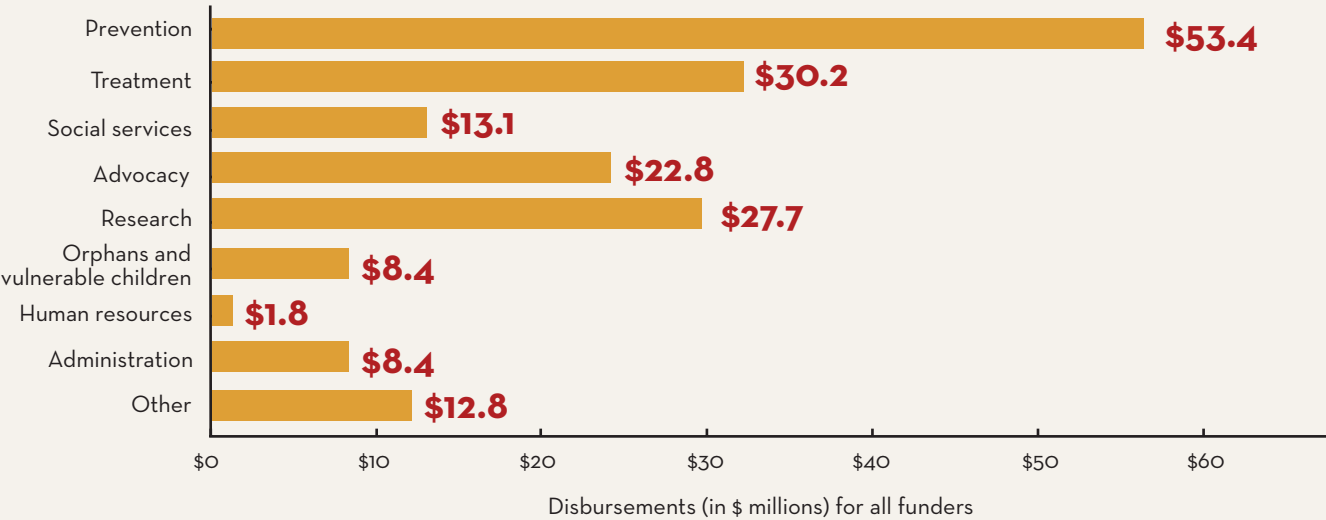
Prevention projects received the biggest share of HIV/AIDS funding (\$53 million), followed by **treatment** (\$30 million), and **research** (\$28 million).

FCAA was able to obtain data on intended use of international HIV/AIDS grants for all 35 of the 35 top U.S. HIV/AIDS funders of national and regional projects outside of the U.S. in 2011.

The “other” category for intended use of national and regional funding outside of the U.S. includes funding that was unspecified and funding for projects that did not fall under the pre-determined categories, such as: maternal and child health; health systems

strengthening; management, leadership and other organizational capacity-building; integration of sexual and reproductive health and HIV services; technical assistance; fundraising activities; palliative care; and conference support.

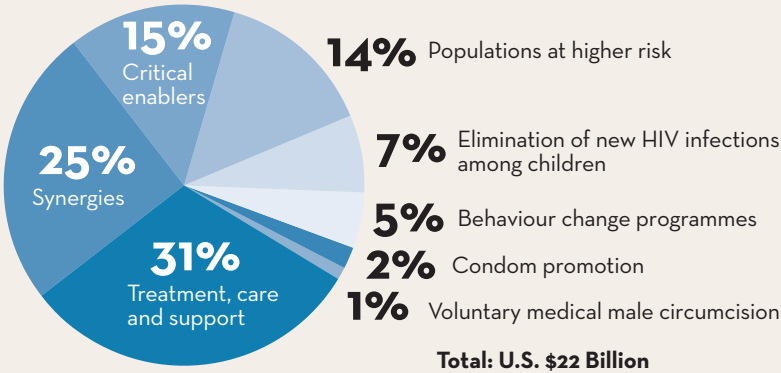
Chart 11. Intended Use of U.S. Philanthropic HIV/AIDS Funding for National and Regional Work Outside of the U.S. in 2011



FINDING THE GAPS: RESOURCE NEEDS BY CATEGORY

The following chart, sourced from UNAIDS data, shows the estimated resource needs for the year 2015 by category, based on the key components of the Investment Framework (see page 53 for more information about philanthropic funders and the Investment Framework), to meet the global targets set for 2015.

Estimated Resource Needs in Low- and Middle-Income Countries for Programme Activities, Synergies, and Critical Enablers by Region 2015



Source: Schwartländer B, et al. “Towards an improved investment approach for an effective response to HIV/AIDS.” The Lancet. Volume 377, Issue 9782, Pages 2031 – 2041. 11 June 2011. Available at: www.ncbi.nlm.nih.gov/pubmed/21641026

FUNDING EXAMPLES

Prevention

› **Johnson & Johnson** supports the Partnership for Management Development (PMD), a program designed to accelerate the elimination of vertical transmission of HIV from mother to child (EMTCT) by developing leadership skills and management capacity, as well as by training host country governments in management and leadership. Program participants are Ministry of Health officials at national and district levels, as well as implementing partners responsible for service delivery to achieve elimination of vertical transmission. These

participants are trained in: financial management, leadership, human resources and change management, organizational planning, operations management, data-based management, supply chain management, and social marketing. These skills will also be useful for countries considering implementation of a B+ model for EMTCT. The PMD has been implemented in Lesotho and Swaziland, and an upcoming PMD is planned for South Africa.

Treatment

› **Bristol-Myers Squibb Foundation** worked with Baylor International Pediatric AIDS Initiative (BIPAI), governments in sub-Saharan Africa, and other funders to help ensure that children received needed treatment and care in six hard-hit countries in sub-Saharan Africa (Botswana, Lesotho, Swaziland, Malawi, Tanzania, and Uganda). The partnership led to the creation of seven Children's Clinical Centers for Excellence and the Pediatric AIDS Corps of physicians. A key element of the partnership also included developing partnerships with local ministries of health. Originally the BMS Foundation excluded project funding specifically for clinics and physicians; however, through local consultation they soon came to see that not only are these essential components not sustainable on government funding alone, but they also serve as important catalysts to

encourage additional funding partners. As of June 2011, 103,731 children had been enrolled into care. Another key funder of the initiative, **Abbott and the Abbott Fund**, has helped pioneer innovative model programs to combat the disease, including building the BIPAI's first pediatric outpatient clinic in Romania in 2001, which has served an average of 700 patients per year. The clinic has reduced pediatric HIV mortality rates by more than 90%. Today Baylor has replicated the Romania model in additional clinics throughout Africa and now serves more than 100,000 children and young people with HIV - including those at two clinics built by and supported by the Abbott Fund in Malawi and Tanzania. To date, Abbott and the Abbott Fund have contributed more than \$50 million in products and grants to BIPAI.

Advocacy

› **Open Society Foundations** supports Light of Hope, an NGO that provides health services to people who use drugs or are living with HIV in Ukraine, where 40% of new HIV infections in 2009 were due to unsafe drug use. The country is also home to one of the largest Hepatitis C (HCV) epidemics, yet there is little to no access to treatment due to drug costs, unavailable diagnostics, and a general lack of public awareness. In 2011 Light of Hope recorded - using a hidden camera - one man's

attempt to get tested for Hepatitis in the Ukraine. Using video footage and personal testimonials, the organization leveraged mass and social media to help change public opinion, reach at-risk populations, and influence policymakers. Light of Hope also organized several World Hepatitis Day events in Poltava, Ukraine including a political rally, HCV media training for activists, and a prevention-focused event where social workers provided educational materials, condoms, and hepatitis tests.

Advocacy

› **ViiV Healthcare's Positive Action programme**, in partnership with the International HIV/AIDS Alliance and local community organizations, supports the Vida Digna (Life with Dignity) project to address stigma, discrimination and violence against key affected and vulnerable populations including gay men and other men who have sex with men, transgender people, sex workers, people who inject drugs, and people living with HIV. This is done by monitoring human rights abuses, providing technical and legal assistance, and working with national

authorities to shape policies that protect people living with HIV. The project was first successful in Mexico and then El Salvador, with it now being implemented in five other Central American countries. www.aidsalliance.org



A Participant at a Vida Digna Workshop ©Atlatl

Research and Prevention

› In studies conducted in Kenya, South Africa, and Uganda, male circumcision was found to lower the risk of HIV infection by about 60 percent. In November 2008 the **Bill & Melinda Gates Foundation** provided a five-year \$18.5 million grant to Family Health International (FHI) to create the Male Circumcision Consortium (MCC), a partnership with the University of Chicago and EngenderHealth. The objectives of the MCC are to: support the Government of Kenya and other local

partners to develop and implement a national male circumcision strategy, expand a male circumcision research and training center in Kisumu, identify and address misunderstandings about male circumcision for HIV prevention, and conduct research to identify the safest and most effective ways to provide voluntary male circumcision as part of a comprehensive package of HIV prevention services.

Mobilizing Philanthropic Funders for the Global Plan

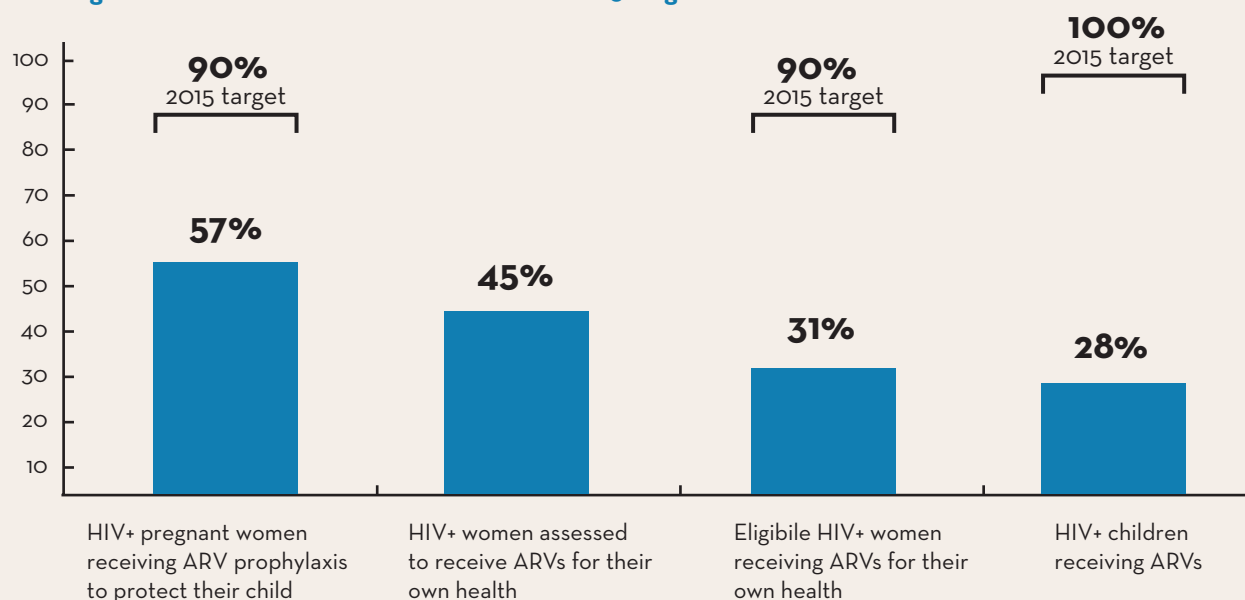
The Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive was launched during the June 2011 United Nations High Level Meeting on AIDS. The plan provides the foundation for a country-led movement on the issue. A number of private funders are members of the Plan's Resource Mobilization Workstream, including: the **Children's Investment Fund Foundation UK**, **Elton John AIDS Foundation UK**, **Johnson & Johnson (J&J)**, the **M-A-C AIDS Fund**, and **Staying Alive Foundation**. In July 2012 J&J convened private foundations, corporate funders, and bilateral/multilateral agencies to discuss how they can help accelerate the Global Plan. Next steps include: exploring a mechanism for funding technical assistance for Global Fund reprogramming and renewal; and the further development of a pilot resource mapping effort to highlight progress made towards EMTCT and private resources by country. If you are interested in learning more, or participating in evolving discussions, please contact: Lauren Marks at lmarks2@its.jnj.com.

FINDING THE GAPS: PREVENTION OF VERTICAL TRANSMISSION (OR EMTCT)

Though the past several years have seen an improvement in prevention of vertical transmission efforts, with the number of children newly infected with HIV in 2011 nearly half the number in 2003, there is still a long way to go towards meeting the target of 90% coverage by 2015.

In 2011, only 57% of the estimated 1.5 million pregnant women living with HIV in low- and middle-income countries received effective antiretroviral drugs to avoid transmission to the child. Further, less than half of all HIV-positive pregnant women in low- and middle-income countries were assessed for their eligibility to receive antiretrovirals for their own health in 2010, and only 31% of HIV-positive pregnant women who were eligible for HIV treatment for their own health received it in 2011. And though treatment coverage has been increasing for HIV-positive children, only 28% of those in need of antiretroviral therapy received it in 2011.

Coverage of Women and Children vs. Global Plan 2015 Targets

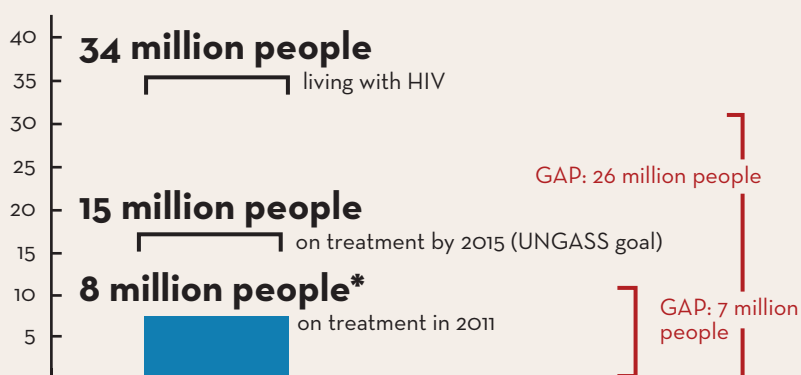


Sources: UNAIDS. Together We Will End AIDS. 2012.; and UNAIDS. Countdown to Zero: Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive. 2011. Available at: <http://zero-hiv.org/wp-content/uploads/2011/12/GlobalPlan.pdf>

FINDING THE GAPS: TREATMENT

Though progress has been made on delivering antiretroviral treatment for HIV in low- and middle-income countries, critical gaps remain to reach all people in need.

Treatment Needs in Low- and Middle-Income Countries



*Over 20% increase from 2012

Source: UNAIDS. Together We Will End AIDS. 2012.

Target Populations of U.S. Philanthropic HIV/AIDS Funding for National and Regional Work Outside of the U.S.

KEY FINDINGS

Women, youth, and orphans and vulnerable children were the top target populations of HIV/AIDS funding directed to specific countries and regions outside of the U.S.

Top U.S. HIV/AIDS funders were asked to identify the three population groups that receive the greatest benefit from their funding. The categories are not mutually exclusive. (Note: Although funders were asked to list only the top three target populations of their funding, some reported more than three populations. In those

cases, all populations reported were included in Chart 12a.)

Funders who supported medical research for national and regional benefit outside of the U.S. reported the research targeting populations in the East, Southeast Asia and Pacific Region.

The “other” category for target populations of national and regional funding outside of the U.S. included responses that fell outside of the pre-determined categories. Funders reported examples as “other” such as reproductive health care, families, and those especially vulnerable to HIV.

Chart 12a. Target Populations of U.S. Philanthropic HIV/AIDS Funding for National and Regional Work Outside of the U.S. in 2011 (All Top Funders)

(by percentage of 32 top funders from which target populations data were obtained)

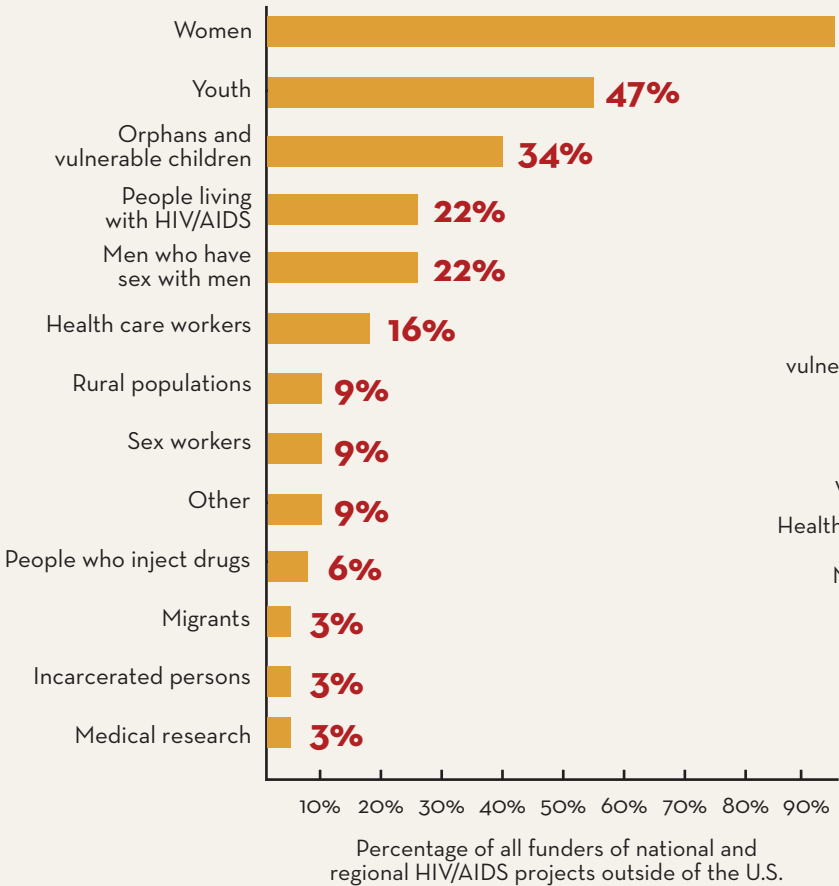
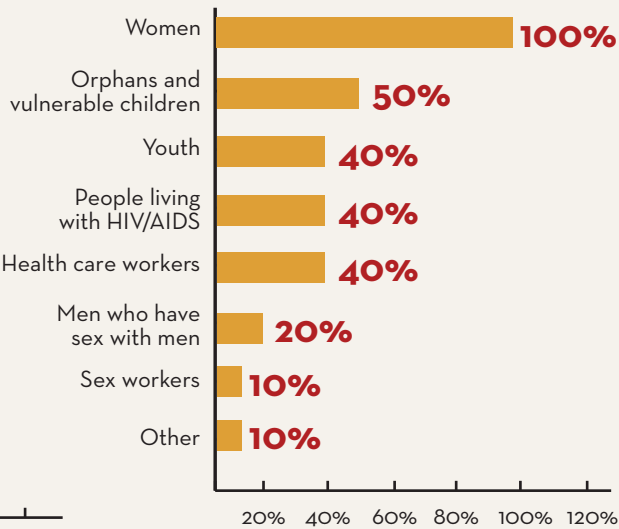


Chart 12b. Top 10 Funders



TOP 10: Giving from the top 10 funders of national and regional projects outside of the U.S. represented **85%** of all HIV/AIDS philanthropy directed to this category.

FUNDING EXAMPLES

Women

› In June 2011 the **M•A•C AIDS Fund** committed \$2 million over the next two years as part of a public-private partnership with the U.S. Department of State and the South African National Prosecuting Authority to expand services for survivors of sexual assault in South Africa through the expansion of the Thuthuzela Care Network. Statistics show that high rates of HIV infection are directly related to the frequency of sexual violence in South Africa. The Thuthuzela Care Network

provides emergency facilities throughout the country that provide access to medical, legal and counseling services, as well as to HIV testing, prevention and treatment programs. With the support of the M•A•C AIDS Fund, the partnership will open new clinics in rural areas, extend operating hours of existing clinics to be accessible at night, and will give victims access to the resources they need to take legal action through a national prosecuting attorney.

Youth

› Forty-five percent of new HIV infections in sub-Saharan Africa occur among people under 25 years old, and nearly all of them are due to unprotected sex. In 2006, the **MacArthur Foundation** awarded the Abdul Latif Jameel Poverty Action Lab (J-PAL) a grant to conduct a randomized control trial of HIV prevention strategies. In 2011 the Foundation funded J-PAL to expand the original study to test the impact of two different HIV

prevention strategies – voluntary counseling and testing for HIV (VCT) and condom distribution – by collecting data from 10,000 young people in Kenya. This study will examine whether free and easy access to a large quantity of condoms can result in a reduction of risky behaviors and a decline in transmission of STIs among youth. The study will also address gaps in knowledge about VCT and condoms.

Orphans and vulnerable children

› **Keep a Child Alive** partners with Living India to care for 60 children living with HIV that have been abandoned by their families, often due to the debilitating stigma that surrounds people living with HIV/AIDS in India. Located in the rural village of Chandrakal, Living India's Home of Hope provides these children with a secure

living environment, the opportunity to go to school (often for the first time), and access to well-balanced meals and medical treatment. Keep a Child Alive also supports transportation for the HIV-positive children to make the monthly three-hour journey to receive their antiretroviral medicines.

Men who have sex with men

› The **amfAR** GMT Initiative (Gay men, other Men who have sex with men, and Transgender individuals Initiative, formerly called the MSM Initiative) is a small grants program that supports community-based efforts to reduce the spread and impact of HIV/AIDS among gay men, other men who have sex with men, and transgender individuals. One grant to GZTZ.org for an internet-based advocacy project focused on influencing the GMT internet community in Guangdong (China) through the use of MSM storytelling in an effort to reduce self-discrimination, stigma, and HIV/STI risk

behavior and to promote sexual rights and gender identity. Another project focused on assessing the transgender community in Chengdu (China) with a goal of establishing the first formal transgender community-based organization in China. Since 2007, amfAR's GMT Initiative has awarded more than \$3.1 million via 168 community awards to projects in 69 countries. In addition to amfAR, funding for the GMT Initiative comes from **Aids Fonds, Elton John AIDS Foundation, ViiV Healthcare's Positive Action programme**, and the **Levi Strauss Foundation**.

Sex workers

› For the past two years, **American Jewish World Service (AJWS)** has provided funding to Women's Organization Network for Human Rights Advocacy (WONETHA) in Uganda. WONETHA is a sex worker organization that is at the forefront of campaigning for both the decriminalization of adult sex work and improving sex workers' access to quality health care, social services and safer working conditions. Borne out of the founders' direct experiences of social stigma, harassment,

violence and arrest, the organization aims to support and respect the human rights of all sex workers, whether continuing in or leaving the trade. WONETHA engages with UNAIDS and national AIDS programs to advocate for policy reform, and organizes sex workers and brothel owners to promote fair and safe working conditions. Grant money has been used to publish a peer educators' guide to sexual and reproductive health.

NEW FUND ALERT: The Red Umbrella Fund

The Red Umbrella Fund (RUF) is the first-ever global grantmaking collaborative guided by and for sex workers. The fund launched in 2012 to support movements and organizations fighting for sex workers health, human and labor rights and self-determination. Hosted by **Mama Cash** (as administrative host), a diverse group of donors including the **Open Society Foundations (OSF)**, **Levi Strauss Foundation**, **Hivos**, **American Jewish World Service (AJWS)**, the **M-A-C AIDS Fund**, **Comic Relief UK**, **Oak Foundation**, the **Global Fund for Women**, and **Aids Fonds** participated in and/or funded the process that led to the launch of the fund. AJWS, Comic Relief UK, Mama Cash and OSF East Africa currently serve on its International Steering Committee. www.redumbrellafund.org.

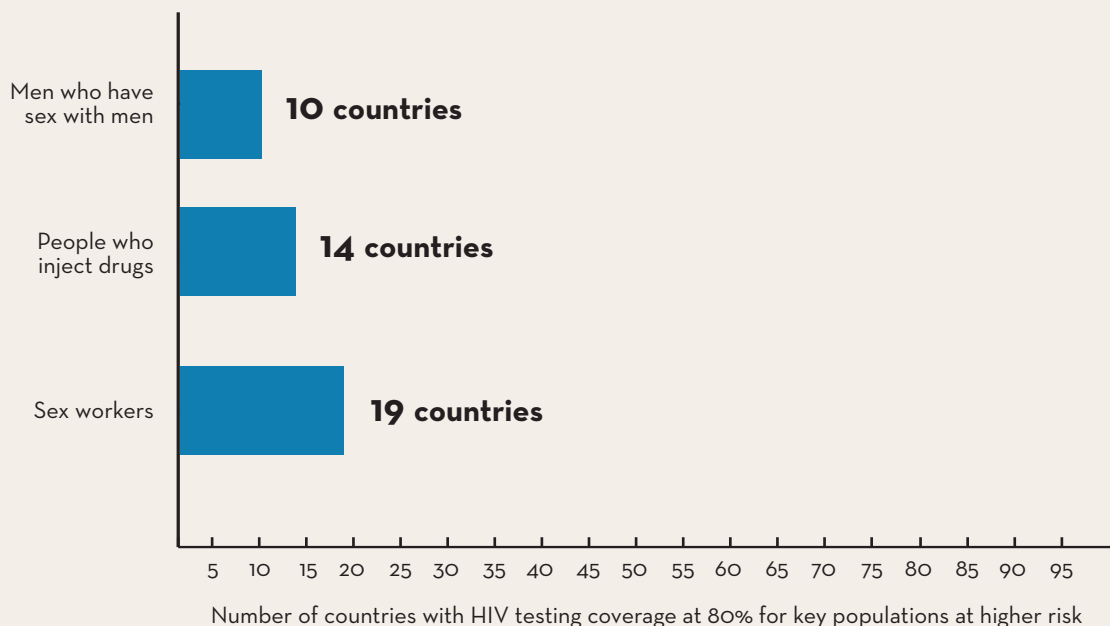
NEW FUND ALERT: The Robert Carr civil society Networks Fund

Launched during AIDS 2012, the **Robert Carr civil society Networks Fund** helps ensure that civil society networks, working at global and regional levels, have sufficient and predictable resources to enhance the quality, effectiveness and gender equity of the HIV response, especially in reaching inadequately served populations at local level, through global and regional actions. The Carr Fund is overseen by an international steering committee bringing together initial donors (expected to be the governments of Norway, the UK and US, and the **Bill & Melinda Gates Foundation**), as well as representatives of civil society networks working on AIDS at global and regional levels. www.aidsfonds.nl/rc-nf/robertcarrfund.htm.

FINDING THE GAPS: KEY POPULATIONS AT HIGHER RISK: SEX WORKERS, PEOPLE WHO INJECT DRUGS, AND MEN WHO HAVE SEX WITH MEN

Preliminary UNAIDS data from 95 countries reporting in 2011 suggest that the amount of countries where **HIV testing coverage has reached 80%** for key populations at higher risk is low.

Countries with HIV Testing Coverage at 80% or Greater for Key Populations at Higher Risk



(Source: UNAIDS. *Together We Will End Aids* 2012.)

Focus on Philanthropic HIV/AIDS Funding with a Global Aim

KEY FINDINGS

Projects with a global aim received the majority (44% or \$221 million) of all HIV/AIDS disbursements.

In an effort to better understand HIV/AIDS funding and its impact geographically, a third 'global' geographic section was added to the survey tool this year to capture funding with a global aim, i.e. funding with more of a worldwide reach or target population than a specific national or regional impact. (In

previous years, funders were asked to report geographical distribution of their funding based on the main office location of the grant recipient—either 'domestic' grantees within the United States or 'international' grantees outside the United States.) Research grants and other projects of benefit to all populations

worldwide will now be considered 'global' HIV/AIDS funding.

FCAA identified 12 funders out of the top 69 funders that disbursed \$1 million or more to support global AIDS programming in 2011.

Table 6: Top U.S. Philanthropic Funders (>\$1 Million) of Global HIV/AIDS Work in 2011 (ranked by amount of global disbursements)

Funder name	Global (\$)	% of total HIV/AIDS disbursements by funder
Bill & Melinda Gates Foundation, WA	172,000,000	72
Philip T. and Susan M. Ragon Institute Foundation, MA	10,000,000	100
Irene Diamond Fund, NY	7,254,602	100
Open Society Foundations, NY	5,907,049	70
Foundation for the NIH, MD	5,380,944	100
Ford Foundation, NY	4,355,096	23
amfAR, The Foundation for AIDS Research, NY	3,233,975	59
ViiV Healthcare, NC	2,262,879	15
Pfizer Inc, NY	2,235,790	94
The Starr Foundation, NY	2,000,000	80
Doris Duke Charitable Foundation, NY	1,371,000	100
Bristol-Myers Squibb Foundation and Bristol-Myers Squibb Co., NY	1,200,000	13

Intended Use of U.S. Philanthropic HIV/AIDS Funding with a Global Aim

KEY FINDINGS

Research projects received nearly all (\$186 million) of HIV/AIDS funding with a global aim.

FCAA was able to obtain data on intended use of global HIV/AIDS grants for 23 of the 24 top U.S. HIV/AIDS funders of global projects in 2011.

The “other” category for intended use of global funding includes funding that was unspecified and funding for projects that did not fall under the pre-determined

categories, such as: programmatic and planning activities for the International AIDS Conference, and organizational capacity building.

Chart 13a. Intended Use of U.S. Philanthropic HIV/AIDS Funding for Global Work in 2011 (All Funders)

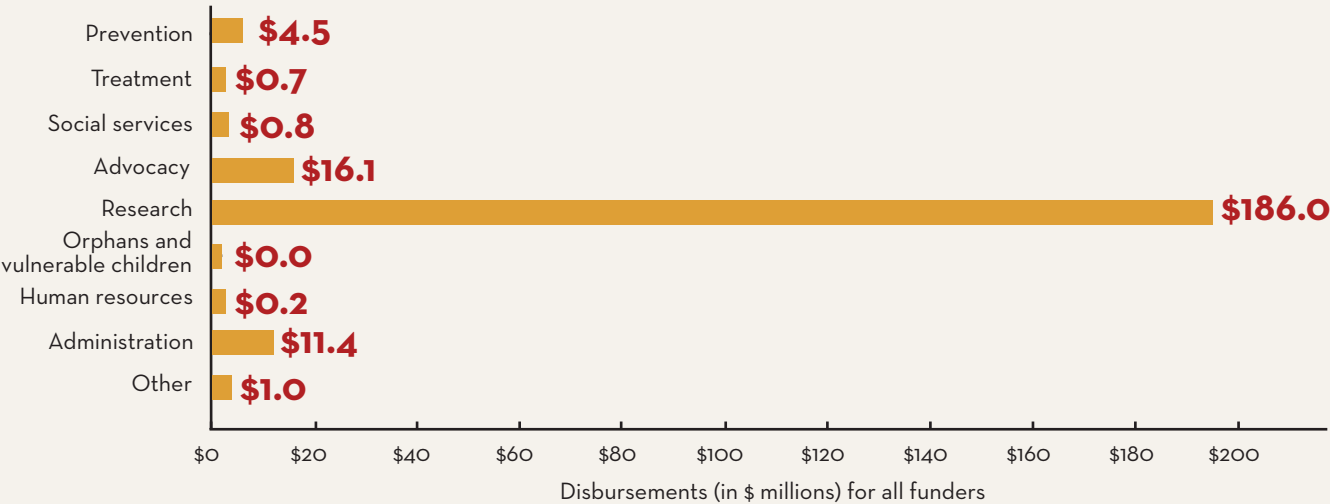
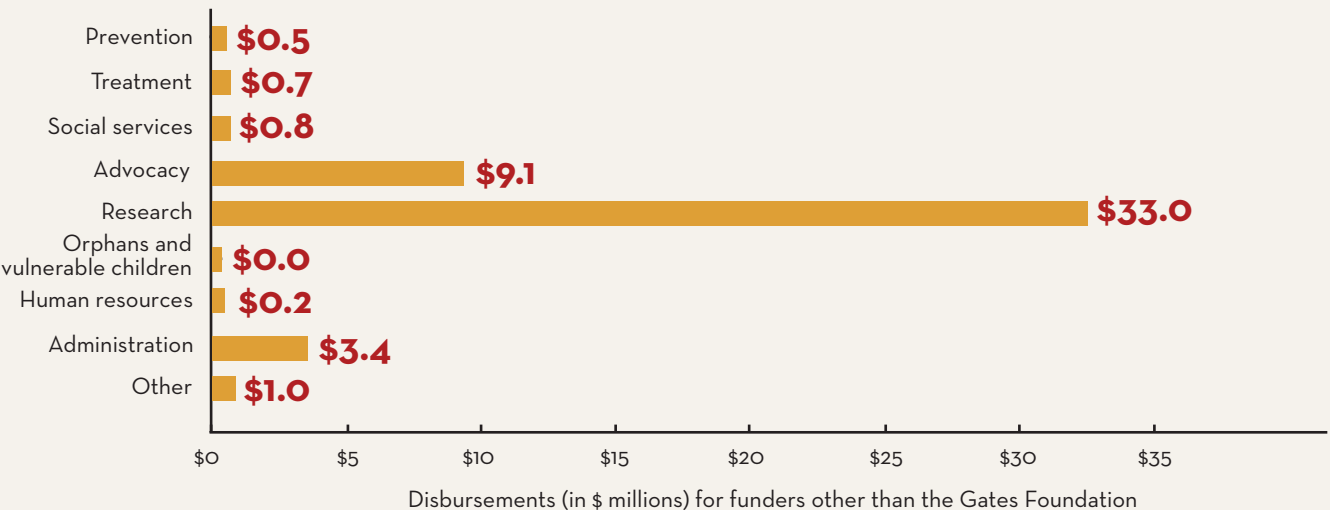


Chart 13b. Funders Other than Gates Foundation



FUNDING EXAMPLES

Research

- › In 2011, the **Bill & Melinda Gates Foundation** granted a reported \$78.5 million to support preventative HIV vaccine research and development, making it the second highest funder of HIV vaccine R&D after the U.S. Government (including the National Institutes of Health [NIH], the U.S. Military HIV Research Program [MHRP], and the United States Agency for International Development [USAID]). Other research projects supported in 2011 by the Gates Foundation included \$50,000 for therapeutic HIV vaccine R&D, \$900,000 for HIV cure research, and \$7 million for microbicide R&D.
- › The Ragon Institute was the sixth largest funder of HIV vaccine research and development in 2011. Established in 2009 at Massachusetts General Hospital (MGH), Massachusetts Institute of Technology (MIT), and Harvard University, the Institute was founded by a five-year commitment of US\$100 million from the **Phillip T. and Susan M. Ragon Institute Foundation** – the largest grant in MGH history. The Institute’s launch was an innovative effort to contribute to the accelerated discovery of an HIV/AIDS vaccine.

(Source: *HIV Vaccines & Microbicides Resource Tracking Working Group*. Investing to End the AIDS Epidemic: A New Era for HIV Prevention Research & Development. July 2012. Available at: <http://www.hivresourcetracking.org/content/report-archive>)

Target Populations of U.S. Philanthropic HIV/AIDS Funding with a Global Aim

KEY FINDINGS

Medical research teams and projects, women, men who have sex with men, and youth were the top target populations of HIV/AIDS funding with a global aim.

Top U.S. HIV/AIDS funders were asked to identify the three population groups that receive the greatest benefit from their funding. The categories are not mutually exclusive. (Note: Although funders were asked to list only the top three target populations of their funding, some reported more than three populations. In those cases, all populations reported were included in Chart 14.)

Funders who supported medical research for potential global benefit reported the research including vaccine research for all populations, research on basic HIV science, research for uninfected people in developing nations, and other projects of potential benefit to all population groups worldwide.

The “other” category for target populations of global funding included responses that fell outside of the pre-determined categories. Funders reported examples as “other” such as no specific target population, HIV/TB prevention and care, and prevention of vertical transmission programs for women and their families.

Chart 14a. Target Populations of U.S. Philanthropic HIV/AIDS Funding with a Global Aim in 2011 (All Top Funders)

(by percentage of 22 top funders of global HIV/AIDS projects from which target populations data were obtained)

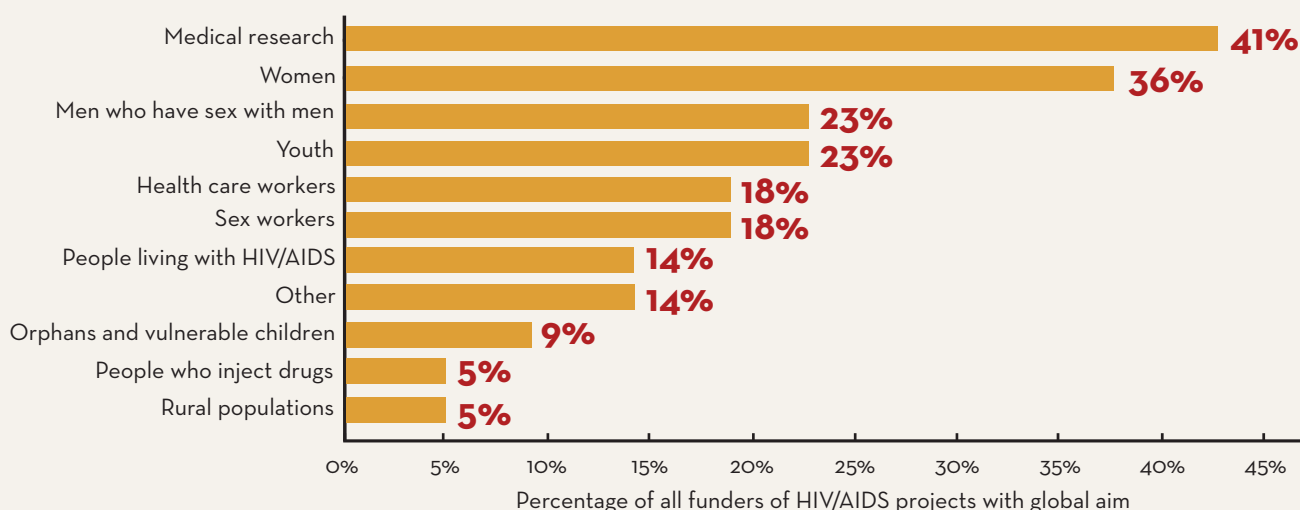
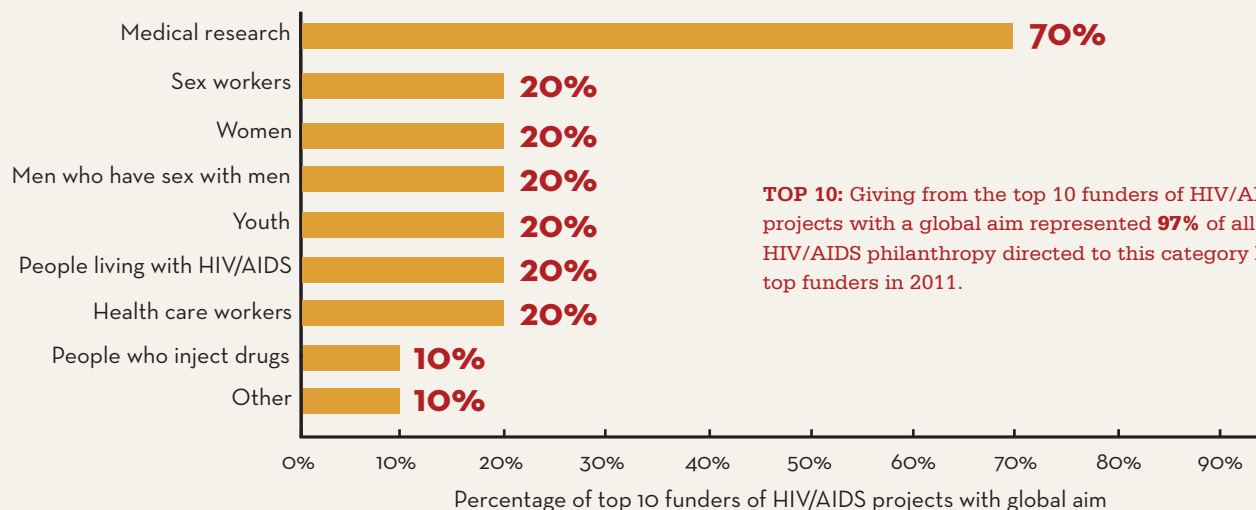


Chart 14b. Top 10 Funders



TOP 10: Giving from the top 10 funders of HIV/AIDS projects with a global aim represented **97%** of all HIV/AIDS philanthropy directed to this category by top funders in 2011.

U.S. AND EUROPEAN PHILANTHROPIC SUPPORT

U.S. and European Philanthropic HIV/AIDS Funding to the Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria reported contributions of approximately \$183 million from U.S. and European philanthropic funders in 2011.

Funding for HIV/AIDS through the Global Fund was removed from total disbursements in this year's report because it is difficult for funders to accurately determine actual

disbursements to the Global Fund each year. The Global Fund accepts donations as cash and promissory notes. For example in 2011, the Gates Foundation gave a \$750 million promissory note to the Global Fund for a period of 19 years. Under the terms of the promissory note, five separate annual contributions of \$150 million are characterized as received for each of the

years 2011 through 2015 (while actual payment of these annual contributions of \$150 million per year will commence in 2025). A part or the full amount of the promissory note can be paid earlier, subject to need or certain conditions being met.

Global Fund-reported Contributions from U.S. and European Philanthropic and Corporate Donors in 2011 *(for all three diseases)*

Funder name	\$	€
Bill & Melinda Gates Foundation	150,000,000	121,519,802
(PRODUCT) RED™ and Partners [American Express, Apple, Bugaboo International, Converse, Dell + Windows, GAP, Giorgio Armani, Hallmark, Motorola Foundation, Motorola Inc. & Partners, Starbucks Coffee, Media Partners and (RED) Supporters]	21,462,249	17,387,255
Chevron Corporation	8,000,000	6,481,056
United Nations Foundation and its donors	2,452,491	1,986,841
Anglo American	1,000,000	810,132
M•A•C AIDS Fund and M•A•C Cosmetics, NY	500,000	405,066
Total	\$183,414,740	€148,590,153

(Source: Global Fund to Fight AIDS, Tuberculosis and Malaria. "Pledges and Contributions." Available at: www.theglobalfund.org/en/about/donors/private/)

The Private Sector and The Global Fund

Corporations and philanthropies have long played an important role for the Global Fund, both in financial contributions, but also in governance, support for advocacy and pro-bono services and partnerships. In this time of resource shortfalls for the AIDS response, including at the Global Fund, corporations in particular have launched the kind of new and innovative campaigns and collaborations that are needed to increase funding. Here are just a few examples:

(PRODUCT)^{RED}

- › In 2008 FCAA reported on **(RED)**, the economic initiative founded in 2006 by philanthropist Bobby Shriver and U2 frontman Bono. As a partnership between corporations and the Global Fund, (RED) leverages the public's spending power to raise money and awareness in the fight against HIV/AIDS in Africa. Before (RED) was founded, the Global Fund only received 1% of its funding from corporations. In the six years since, (RED) has contributed more than \$195 million to support Global Fund grants in Ghana, Lesotho, Rwanda, South Africa, Swaziland, and Zambia. (RED) delivers these results with a simple mantra:

"When you DO THE (RED) THING, a (RED) partner will give up some of its profits to fight AIDS." More than 10 corporate (PRODUCT)RED partners offer hundreds of products to choose from in more than 70 countries. A portion of product sales then goes directly to the Global Fund's efforts to eliminate AIDS in Africa. Today (RED)'s diverse partners include: **American Express, Apple, Beats by Dr. Dre, Belvedere Vodka, Bugaboo, Converse, Nike, Penfolds, and Starbucks**, in addition to a number of limited edition partners. (RED) is a division of The ONE Campaign.

Chevron Corporation

- › The **Chevron Corporation** became the first Global Fund Corporate Champion in 2008, announcing a \$30 million commitment to the Global Fund at the World Economic Forum in Davos, Switzerland. This partnership has supported Global Fund grants in Asia and Africa, with a focus on capacity development initiatives, advocacy, awareness campaigns and workplace wellness initiatives. In 2010 Chevron announced an additional \$25 million commitment, raising its six-year investment in the Global Fund to \$55 million, making it the largest contribution from a single corporation. From 2011 to 2013, Chevron is directing this commitment to the U.S. Fund for the

Global Fund to support programs dedicated to fighting HIV/AIDS and reducing vertical transmission of HIV. At the International AIDS Conference in July 2012 Chevron announced a new partnership initiative with Pact, the Business Leadership Council, mothers2mothers and the Global Fund to combat vertical transmission in Nigeria, Angola and South Africa. The partnership is part of a \$20 million commitment Chevron made in June 2011 to support UNAIDS' Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive.

The Here I Am Campaign

- › As this report will show, there are AIDS funders of all sizes and priorities. As such, the level of commitment demonstrated by the Gates Foundation or Chevron may make supporting the Global Fund seem out-of-reach to some smaller philanthropic funders. But every dollar and action counts. For example, the **Open Society Foundations** Global Health Financing and Health Media

Initiatives co-funded the July 2012 launch of the **Here I am Campaign**, a global call to save millions of lives by supporting a fully funded Global Fund. This new tool offers personal testimonials from those directly affected by AIDS, tuberculosis, and malaria, as well as a new online platform for advocacy mobilization. Take action: www.hereiamcampaign.org.

U.S. and European Philanthropic Funders Addressing Treatment as Prevention

In May 2011 a study from the HIV Prevention Trials Network – known as HPTN 052²⁷ – became the first clinical trial to show that treating an HIV-positive person with antiretrovirals can reduce the risk of sexual transmission of HIV to a negative, or uninfected, partner. As these study results launched important new debate and priorities around the benefits of Treatment as Prevention (TasP), in this year's survey FCAA and EFG asked respondents if their programming had changed due to new data. Several European-based funders noted that their programming had not changed, while another went further in highlighting that access – for both treatment and prevention – has always been core to their programming. The same responses were collected among U.S.-based funders, with many suggesting their funding was already supportive of TasP, while others are beginning to evaluate how their programs might better address it. A small number of organizations are also supporting their grantees to use their funding to facilitate access to TasP for specific populations, or are leading conversations on TasP within their communities.

Here are a few specific examples from funders in Europe and the U.S.:

- › Treatment as prevention has been included as a new strategic theme for **STOP AIDS NOW!**. In partnership with the Clinton Health Access Initiative (CHAI) and with funding from the **Dutch National Postcode Lottery**, STOP AIDS NOW! began an ambitious project in Swaziland using treatment as prevention called 'MaxART- Maximizing ART For Better

Health and Zero New HIV Infections Advocacy.' The aim of MaxART is for 90% of the people in Swaziland requiring HIV treatment to receive it before the end of 2014. It is expected that the number of new infections will fall dramatically as a result. One goal of the program is to mobilize the entire country to know their HIV status and regularly seek an HIV test (currently only 16% of the people in Swaziland ever have had a test). People who test positive will be linked to care and treated following the new World Health Organization guidelines for earlier treatment. A special effort will be made to ensure people who test positive access and remain in treatment and care, as the loss to follow-up before being on treatment is currently high. Barriers to testing and adherence will be researched to inform and redirect the program, and the needs and realities of people living with HIV on the ground will be analyzed through existing tools and programs such as the People Living with HIV Stigma Index, Human Rights Count! and Positive Health, Dignity and Prevention. The effects (assuming a significant reduction in number of new infections) will be modeled over a period of 10 years, and a pilot will be developed within the program on earlier treatment (CD4 count of 500mm³ for example or above) than the current World Health Organization guidelines to further strengthen evidence and practice.

- › **amFAR's** TREAT Asia Program initiated a community education project that is being conducted in parallel with a separate implementation research study led by the Thai Red Cross AIDS Research Center

(TRCARC) in Bangkok on the test-and-treat approach among men who have sex with men in three Thai provinces (Bangkok, Ubon Ratchathani, and Lampang). The study investigators sought opportunities to share what is known about test-and-treat and TasP with local MSM and healthcare provider communities in these provinces to educate them about the potential benefits of earlier treatment as well as to promote their study. TREAT Asia is now collaborating with the TRCARC and Thai provincial AIDS authorities to coordinate workshops on the implications of test-and-treat and TasP on individuals and the community.

- › The work of the **International Treatment Preparedness Coalition (ITPC)**, from inception, has focused on treatment literacy, advocacy and services through grantmaking. Treatment as prevention is a recent scientific finding that further highlights the importance of treatment preparedness especially for discordant couples. ITPC's programming has not changed based on TasP but has become even more important. In 2010, **Open Society Foundations** funded a grant to support ITPC to develop an advocacy agenda for HIV/AIDS advocates to participate in research and policy initiatives related to the implementation of HIV treatment as prevention. This effort redoubled OSF's sense of the need to focus on human rights in HIV testing and to ensure that human rights remain on the TasP agenda.

²⁷ www.hptn.org/web%20documents/PressReleases/HPTN052PressReleaseFINAL5_12_118am.pdf.

U.S. and European Philanthropic Funders and the Investment Framework

In 2011, an investment framework, created by a group of experts, proposed a strategic approach to funding that, if followed, will allow millions of additional lives to be saved and new infections averted. Respondents were also asked if they had realigned their funding in light of this new Framework. The majority of funders in Europe and the U.S. that answered this question indicated that their work was already in support of aspects of the Investment Framework. In addition, two U.S.-based funders of work to address the domestic U.S. epidemic provided feedback on how their funding is also aligned with this global framework.

Here are a few specific examples from funders in Europe and the U.S.:

- › Working with and for the community is at the core of **STOP AIDS NOW!**'s work, which understands the role of communities and that efforts at the community level need to be intensified. STOP AIDS NOW!, partnering with **Aids Fonds** and four broader development organizations, clearly links with broader development sectors, such as social protection, education, gender equality and health systems.
- › Aspects of this framework have been addressed by **Fondation de France** for many years now, including improving treatment, care and support; prevention activities; community mobilization of people living with HIV/AIDS; monitoring and evaluating approaches to maximize impact; and gender equality.
- › The **Staying Alive Foundation** has always focused on supporting youth-led organizations that lead HIV prevention projects among their peers, often from key populations at higher risk.
- › **Cecily's Fund** is concentrating on engaging with critical enablers and developing synergies between health and education in particular. A recent grant with **Comic Relief UK** is aiming to involve the local community in the strengthening of health and education services available for orphans and vulnerable children in Kitwe, Zambia.
- › **Elton John AIDS Foundation UK** is increasing its funding towards key populations at higher risk, mainly men who have sex with men. EJAF UK is also committed to the global campaign of eliminating vertical transmission by 2015.
- › **Fondation Total** has realigned its funding in light of the 2015 Investment Framework. The projects reaching out to truck drivers about HIV are an example, as they also aim to increase awareness of HIV issues among sex workers, and provide free condoms among other activities. The projects also closely work with local communities and seek to improve synergies with development sectors.
- › In 2011, **AIDS United** launched a regional organizing initiative designed to mobilize communities on the grassroots level, promote a bidirectional exchange between national and regional advocacy work, and ensure that policy is informed by programming on the ground. AIDS United also refined the strategic data collection of the Community Partnership Challenge Grant programming to better capture the work in communities across the nation focused on strengthening systems for health systems improvement.
- › Prevention of vertical transmission and community engagement and mobilization have always been core components of the **Elizabeth Glaser Pediatric AIDS Foundation**'s work.
- › In 2011, the **AIDS Foundation of Chicago (AFC)** moved toward giving larger, more targeted grants to community organizations for greater programmatic impact. AFC continues to fund basic programming, and has also aligned its local grantmaking with two key priority areas (seeding and measuring innovation, and leading and organizing policy/advocacy efforts), dedicating at least 20% of its funding to each. The priority populations include men who have sex with men, people who inject drugs, communities of color, women and girls, and individuals and families affected by incarceration. Through grantmaking and other collaborative efforts such as the Service Providers Council, AFC strategically connects grantees with community leaders, advocates, and policymakers. The relationships that result from these investments and partnerships connect leaders from different sectors in unique ways, and further strengthen the network of HIV/AIDS services in Chicago and statewide.
- › The **M•A•C AIDS Fund** is now using the investment framework as a lens through which to view and track its global programs.

Integration of HIV/AIDS and Other Issue Areas

Some organizations working on areas that may have an HIV-related component, such as sexual and reproductive health and rights, global development, maternal and child health, or LGBT-related projects, are increasingly unable to disaggregate funding specifically for HIV. Though some of these funders may not appear in the quantitative sections of this report, it is important to recognize and honor integration of issue areas, as these efforts often enhance the effectiveness of HIV-related work. Here are a few examples:

The **United Nations Foundation** was created in 1998 with entrepreneur and philanthropist Ted Turner's historic \$1 billion gift to support United Nations causes and activities. Its four current areas of focus are: energy & climate, global health, the United Nations and women & population. The UN Foundation hosts (and co-founded with the Rockefeller Foundation and the Vodafone Foundation) the mHealth Alliance, which acts as a convener of the mobile health (mHealth) community and seeks to share the collective lessons learned and best practices developed so that mHealth can continue to advance improved health outcomes, including through the prevention, diagnosis, and treatment of HIV/AIDS.

The **Nike Foundation** invests exclusively in adolescent girls as the most powerful force for change and poverty alleviation in the developing world. The Foundation's investments are designed to get girls on the global agenda and drive resources to them. In 2008 the Foundation, in partnership with the NoVo Foundation, launched the Girl Effect (girleffect.org), a bold new communications platform that describes, "How the 600 million girls in the developing world have the power to transform their societies." The Nike Foundation also supports the publication of extensive research on adolescent girls, their lives, and the critical interventions needed to ensure girls reach their potential as economic agents of change. Their support of and partnership with the Coalition for Adolescent Girls has mobilized a new body of research, including the Girls Discovered Global Map, a new online resource featuring interactive data and maps on health (including HIV prevalence), education and economic issues that help policy makers and donors visualize and prioritize investments for girls.

The **William & Flora Hewlett Foundation** awards grants to help solve social and environmental problems in the U.S. and abroad. In 2011 the Hewlett Foundation supported a Population Action International (PAI) project to monitor national budget expenditures for reproductive health supplies. Among its many roles, PAI works to interpret U.S. policies and global funding trends for international colleagues. Their recent policy brief, *Family Planning: The Smartest Investment We Can Make*, outlines the progress and money saved through investment in family planning. The brief highlights that, "increased access to contraception for women in developing countries is critical to improving maternal and newborn health, preventing HIV/ AIDS, and reducing unintended pregnancies and the need for abortion." The Hewlett Foundation provides support to organizations like International Planned Parenthood Federation which provides HIV/AIDS prevention services in countries around the world.



DSW Youth-to-Youth Initiative

Deutsche Stiftung Weltbevölkerung (DSW, or German Foundation for World Population) supports integrated projects and programs that address sexual and reproductive health and rights, family planning and HIV prevention in low- and middle-income countries. Among DSW's activities is the support and development of a network of over 600 youth clubs consisting of 30,000 young people in Ethiopia, Kenya, Tanzania, and Uganda. As part of the 'Youth-to-Youth Initiative,' (www.youth-to-youth.org) peer educators at the youth clubs provide fellow young people with awareness on sexual and reproductive health and rights, and prevention of HIV infections and unwanted pregnancies. In addition, the peer educators help motivate young people to overcome their health and financial obstacles and create positive change in their own lives and communities. An external evaluation in 2011 found that the program was successfully reaching girls in particular and that involvement in the youth clubs helped young people increase their self-esteem and life skills, including the ability to generate income for themselves and their families.

The **Paul Rapoport Foundation** was established in 1987 to serve the lesbian, gay, bisexual, and transgender communities of the metropolitan New York area. As the Foundation plans to spend down its assets by 2014, one of its current target populations is shared by many HIV/AIDS funders: LGBT youth of color. As it has been shown that youth are at significantly higher risk for engaging in activities such as survival sex work if they have no housing options or sufficient job training skills, the Foundation provided three grants to New York City area youth service providers in 2011: to support infrastructure development for the largest housing provider for homeless and runaway LGBT youth of color (some of whom are including HIV-positive youth) in the country (The Ali Forney Center); provide new avenues for career development skills, involving nature-based professions, to homeless, runaway and foster care LGBT youth of color in NYC (Friends of Green Chimneys); and to support LGBT youth of color in public high schools provide crisis intervention to LGBT youth of color on Long Island (Long Island Crisis Center).

EUROPEAN PHILANTHROPIC SUPPORT

European Philanthropic HIV/AIDS Funding in 2011

KEY FINDINGS

Total funding in 2011: HIV/AIDS disbursements from 38 European-based philanthropies totaled **€138 million (\$170 million)** in 2011, amounting to 4,231 HIV/AIDS-related projects and grants.^{28,29,30}

EFG asked funders about their total funding commitments in 2011, in addition to their actual disbursements. Commitments data can be useful for helping to gauge current and future outlays. (Disbursements are the amount of funding expended on grants/

projects in a given year and may include funding from commitments made in prior years as well as in the current year. Commitments are funding pledged for grants/projects in a given year, whether or not the funds were paid out in that

year. For some funders, commitments and disbursements are the same in a given year; for others, commitments indicate funding above or below actual expenditures in a year.)

Table 7. **European Philanthropic HIV/AIDS Funders in 2011** (ranked by amount of disbursements)

Funder name	Disbursements		Commitments	
	€	\$	€	\$
1. Wellcome Trust	35,628,934	43,979,171	20,232,145	24,973,886
2. Children's Investment Fund Foundation, UK	19,594,806	24,187,176	23,026,562	28,423,222
3. Sidaction	12,362,452	15,259,799	12,783,466	15,779,485
4. ViiV Healthcare ³¹	11,991,438	14,801,832	11,991,438	14,801,832
5. Elton John AIDS Foundation, UK	10,480,696	12,937,023	12,158,388	15,007,909
6. Comic Relief UK	7,757,768	9,871,464	4,547,241	5,612,963
7. Aids Fonds	5,552,000	6,853,204	6,424,000	7,929,572
8. STOP AIDS NOW!	4,941,000	6,099,006	11,630,000	14,355,685
9. The Monument Trust	4,479,066	5,528,810	3,613,792	4,460,744
10. Nationale Postcode Loterij (Dutch Postcode Lottery)	4,205,000	5,190,512	4,205,000	5,190,512
11. The Diana, Princess of Wales Memorial Fund	3,263,504	4,028,360	1,557,156	1,922,102
12. FXB International (Fondation François-Xavier Bagnoud)	2,603,069	3,213,142	3,482,683	4,298,908
13. AIDS LIFE/Life Ball	2,183,554	2,695,306	2,183,554	2,695,306
14. Deutsche Stiftung Weltbevölkerung (DSW- German Foundation for World Population)	1,905,858	2,352,528	2,201,129	2,717,000
15. VriendenLoterij (Dutch Friends Lottery)	1,825,957	2,323,461	1,825,957	2,253,901
16. Deutsche AIDS-Stiftung	1,637,268	2,020,989	1,690,890	2,087,178
17. Fondation Total	1,347,980	1,663,902	1,347,980	1,663,902
18. Foundation "la Caixa"	1,386,000	1,710,832	1,386,000	1,710,832
19. King Baudouin Foundation	1,328,426	1,639,765	1,006,049	1,241,833
20. Fondazione Cariplo ³²	1,000,000	1,234,367	—	—

²⁸ This includes data from nine funders in 2011 that were not included in the report on 2010 funding because EFG was not able to obtain their 2010 financial data (eight funders) or they were new to funding the HIV/AIDS response (one funder). The others are funders that likely supported HIV/AIDS in 2010 but whose data not available.

²⁹ Funders reported expenditures in various currencies, including euros, U.S. dollars, British pounds, Swedish kronor, and Swiss francs. This necessitated the use of exchange rates; the rates used consistently throughout this report were as of 20 August 2012: 1 euro = 1.2343667222 U.S. dollars, 1 euro = 0.7858781189 pounds, 1 euro = 8.2379838281 Swedish kronor, and 1 euro = 1.2010335022 Swiss francs.

³⁰ Because this report focuses on capturing relatively specific data on resources provided by the private philanthropy sector only, funders completing the survey were asked to exclude income received from any government sources and subsequently re-granted. (Government resource flows are tracked elsewhere; see, for example, www.kff.org/hiv/aids/7347.cfm for the latest UNAIDS and Henry J. Kaiser Family Foundation resource tracking of donor governments to HIV/AIDS.)

³¹ ViiV Healthcare is a specialist HIV company established in November 2009 by GlaxoSmithKline and Pfizer to deliver advances in treatment and care for people living with HIV. The company has headquarters in both the United States and the United Kingdom and the grantmaking is global in nature. As such, ViiV Healthcare appears in both the European and U.S. sections of this report.

³² Fondazione Cariplo committed a three-year grant in 2009 of €3 million to an HIV/AIDS project in Malawi (Project Malawi), implemented in partnership with the corporation Intesa Sanpaolo. One third of that grant is counted here for 2011.

Table 7. **European Philanthropic HIV/AIDS Funders in 2011** (continued)

Funder name	Disbursements		Commitments	
	€	\$	€	\$
21. Fondation de France	946,475	1,168,297	1,214,321	1,498,917
22. Fondation Mérieux	722,883	892,303	746,728	921,736
23. HOPEHIV ³³	712,675	879,703	712,675	879,703
24. Egmont Trust	710,034	876,442	690,400	852,206
25. Oak Foundation	652,258	805,125	276,253	340,998
26. Sigrid Rausing Trust ³⁴	578,970	714,662	578,970	714,662
27. Cecily's Fund	578,493	714,073	578,493	714,073
28. One to One Children's Fund	330,840	408,378	330,840	408,378
29. Mama Cash	261,000	322,170	261,000	322,170
30. GlaxoSmithKline ³⁵	255,525	315,412	255,525	315,412
31. Swedish Postcode Foundation	242,778	299,677	242,778	299,677
32. Aga Khan Foundation	216,606	267,371	243,040	300,000
33. Aids & Child	216,260	266,944	0	0
34. AVERT	205,853	254,098	205,853	254,098
35. Boehringer Ingelheim	181,000	223,420	181,000	223,420
36. Barry & Martin's Trust	147,477	182,041	147,477	182,041
37. Leverhulme Trust	74,607	92,092	74,607	92,092
38. Staying Alive Foundation ³⁶	30,643	37,825	66,228	81,750
Total 2011 European Philanthropic HIV/AIDS Disbursements	€137,861,943³⁷ (\$169,184,702)			
Total 2011 European Philanthropic HIV/AIDS Commitments			€134,099,618 (\$164,540,612)	

Note on missing data: A significant majority of European private philanthropic funding on HIV/AIDS in 2011 has been captured in the available data. However, EFG was unable to obtain funding data from some funders, and they are therefore not included in this report. Among them are:

- › **Anglo American**, which made \$967,229 (€673,982) in grants to HIV/AIDS in 2009.
- › **Esperanza Medicines Foundation**, which made 555,669 CHF (€485,450) in grants to HIV/AIDS in 2009.

- › **Rush Foundation**, founded in September 2010 to provide immediate support for innovative ideas addressing HIV/AIDS and its consequences.

Several other funders that made grants towards HIV/AIDS programs in the past are not included this year because they did not make new grants to HIV/AIDS in 2011. They include:

- › **Big Lottery Fund** made £14,084,694 (€15,969,085) in commitments to HIV/AIDS in 2009. That amount was the second largest funding amount of all funders in 2009. No new HIV/AIDS commitments

were made in 2010 or 2011 from the Big Lottery Fund. Though disbursements from previous year commitments may have been made in 2010 or 2011, that information is not available. The prevention and mitigation of HIV/AIDS remains a key focus area of funding for the Big Lottery Fund, and new commitments are likely to resume in the future.

Funders new to the report: Table 1 includes data from eight funders in 2011 that were not included in the report on 2010 funding because EFG was not able to obtain their 2010 financial data. These funders include: Nationale Postcode Loterij

³³ The funding information for HOPEHIV pertains to its 2011 fiscal year, which runs from July 2010 through June 2011. Though EFG asks funders for funding information from the previous calendar year (in this case, January through December 2011), the HOPEHIV 2011 fiscal year financial data was the only available data at the time of publication of this report.

³⁴ The total for the Sigrid Rausing Trust in 2011 is based on commitments made in 2011, rather than disbursements, as disbursements were not available.

³⁵ Figures for GlaxoSmithKline (GSK) do not include funding from ViiV Healthcare, which is reported separately. In addition, data were not available either in English or otherwise on the GSK website for patient group funding grants for the following countries: Austria, Belgium, Bulgaria, the Czech Republic, Denmark, Finland, France, Germany, Hungary, Italy, Latvia, Lithuania, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden, and Switzerland. It is estimated that this missing data would not exceed €500,000, however, as patient groups are a relatively small grants program for GSK.

³⁶ The Staying Alive Foundation, based in the U.S. and the U.K., operated in the U.K. as a registered charity for the first time in 2011. The U.K. program is similar to that of the U.S., but currently at a smaller scale. Both programs are included in this report, with the U.S. program in the FCAA section and the separate U.K. program in the EFG section.

³⁷ To avoid double-counting of funds, the 2011 expenditures total reflects a reduction of €4,677,209 (\$5,773,391) to correct for re-granting of funds from one EFG-tracked funder to another.

(Dutch Postcode Lottery), AIDS LIFE/Life Ball, Deutsche Stiftung Weltbevölkerung (DSW- German Foundation for World Population), VriendenLoterij (Dutch Friends Lottery), Fondation Total, Swedish Postcode Foundation, Boehringer Ingelheim, Leverhulme Trust, and Staying Alive

Foundation. **Only one of these funders was known to be new to funding the HIV/AIDS response in 2011** (Leverhulme Trust); the others are funders that likely supported HIV/AIDS in 2010 but whose 2010 data on HIV/AIDS funding was not shared or available.

KEY FINDINGS

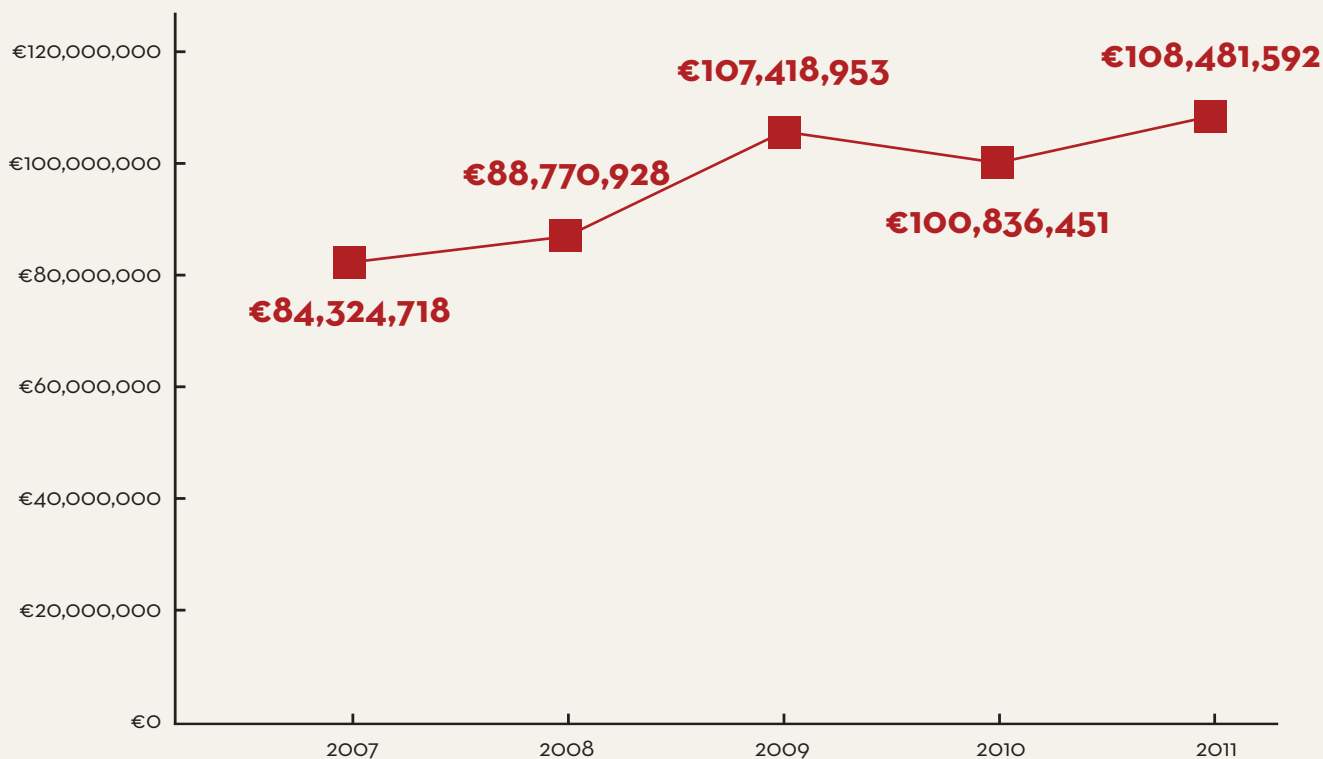
2011 highest funding yet: Among European-based funders for which EFG has five years of comparable data (2007-2011), HIV/AIDS disbursements hit the highest point at €108 million (\$134 million) in 2011, compared to €84 million (\$104 million) in 2007.

For the 21 of 37 funders for which EFG has four years of comparable funding data (2007-2011), total disbursements in 2011 were

higher than 2007 – by about €24 million (\$30 million), or **29%**.³⁸

Chart 15. **European Philanthropic HIV/AIDS Funding 2007-2011**

(includes only funders for which five years of data are available)



³⁸ Totals for 2007-2010 were recalculated for the set of funders for which five years of data were available using the same exchange rates as were used throughout this report.

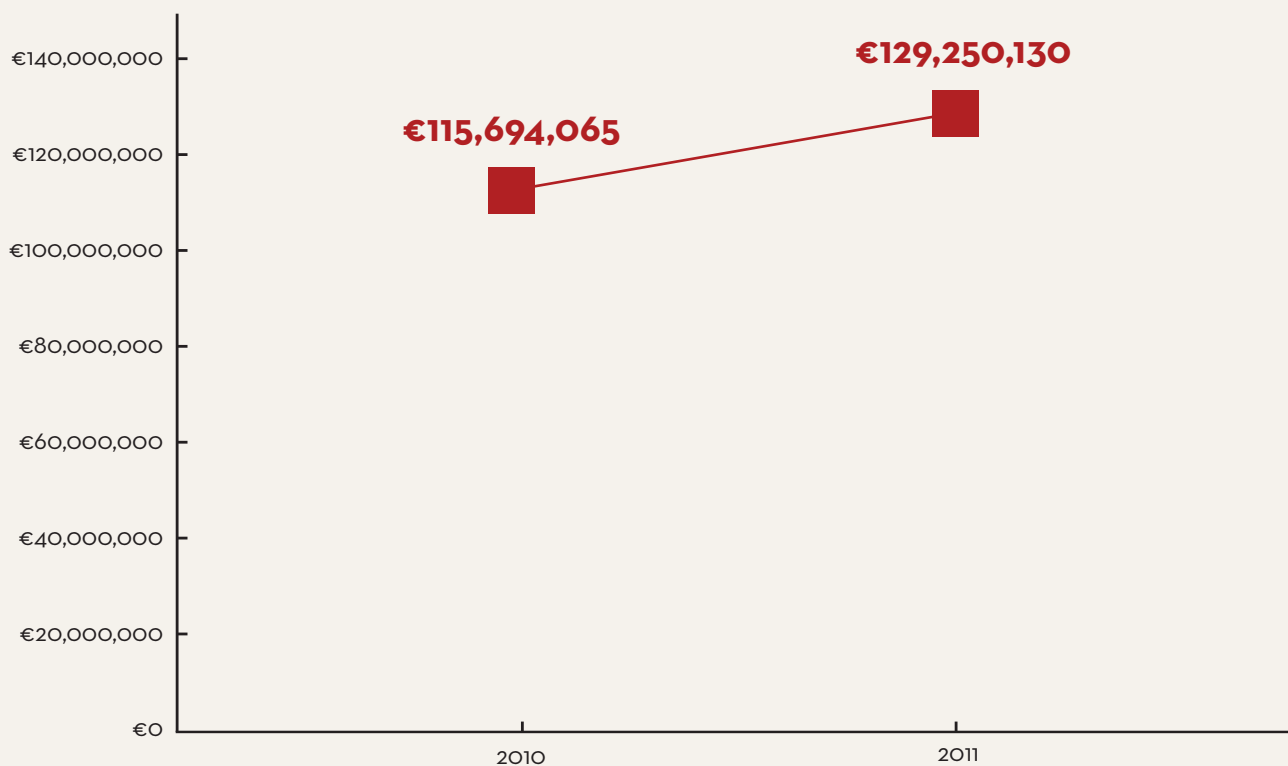
KEY FINDINGS

Increase from 2010 to 2011 among majority of funders: Total 2011 disbursements increased by 12%, or €14 million (\$17 million),³⁹ among the 27 of 37 funders for which EFG has two years of comparable funding data (2010 and 2011).

It should be noted, however, that several of these funders' higher totals in 2011 resulted from the pay-out of two years of disbursements in one year, or other logistical fluctuations in yearly grantmaking, rather than resulting from the growth of new or existing programs.

Chart 16. **European Philanthropic HIV/AIDS Funding 2010-2011**

(includes only funders for which two years of data are available)



(To view previous years' HIV/AIDS grantmaking totals for individual funders (2006-2010), please visit www.fcaids.org/resourcetracking)

³⁹ Totals for 2010 were recalculated for the set of funders for which both 2010 and 2011 data were available, using the same exchange rates for the 2010 totals as were used for the 2011 data throughout this report (exchange rate as of 20 August 2012: 1 euro = 1.2343667222 U.S. dollars, 1 euro = 0.7858781189 pounds, and 1 euro = 1.2010335022 Swiss francs).

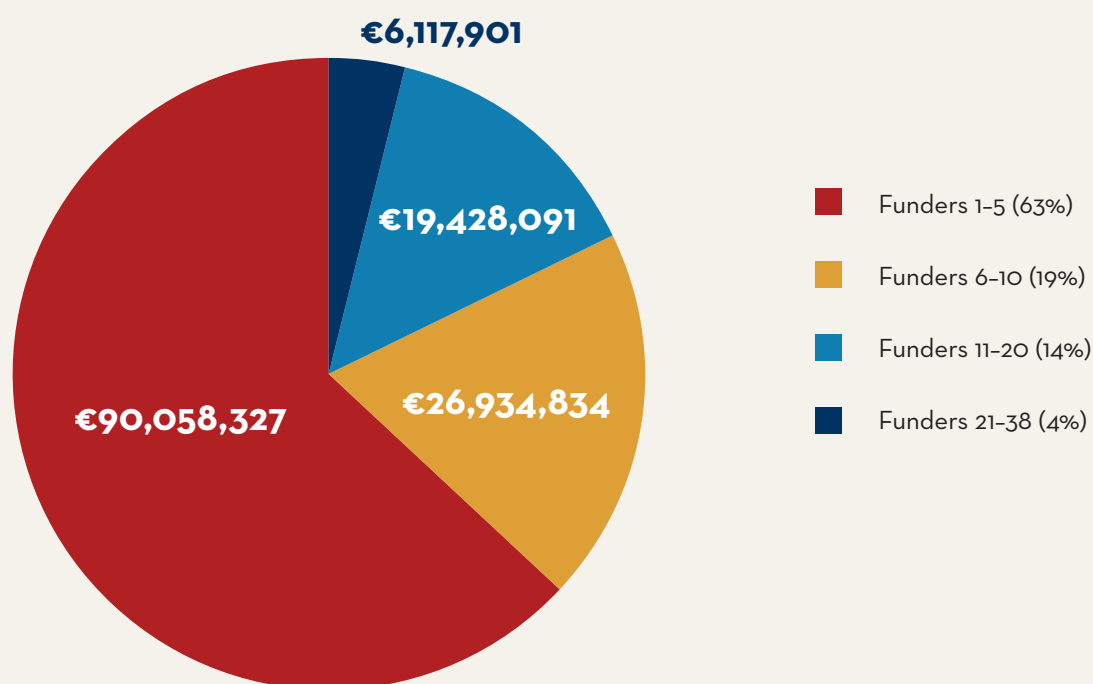
Concentration of European Philanthropic HIV/AIDS Funders

KEY FINDINGS

Funding highly concentrated among the top 10 funders: The top 10 funders accounted for **82%** (€117 million, or \$144 million) of all identified HIV/AIDS disbursements in 2011.

Chart 17: **Distribution of Funding by European Philanthropic HIV/AIDS Funders in 2011⁴⁰**

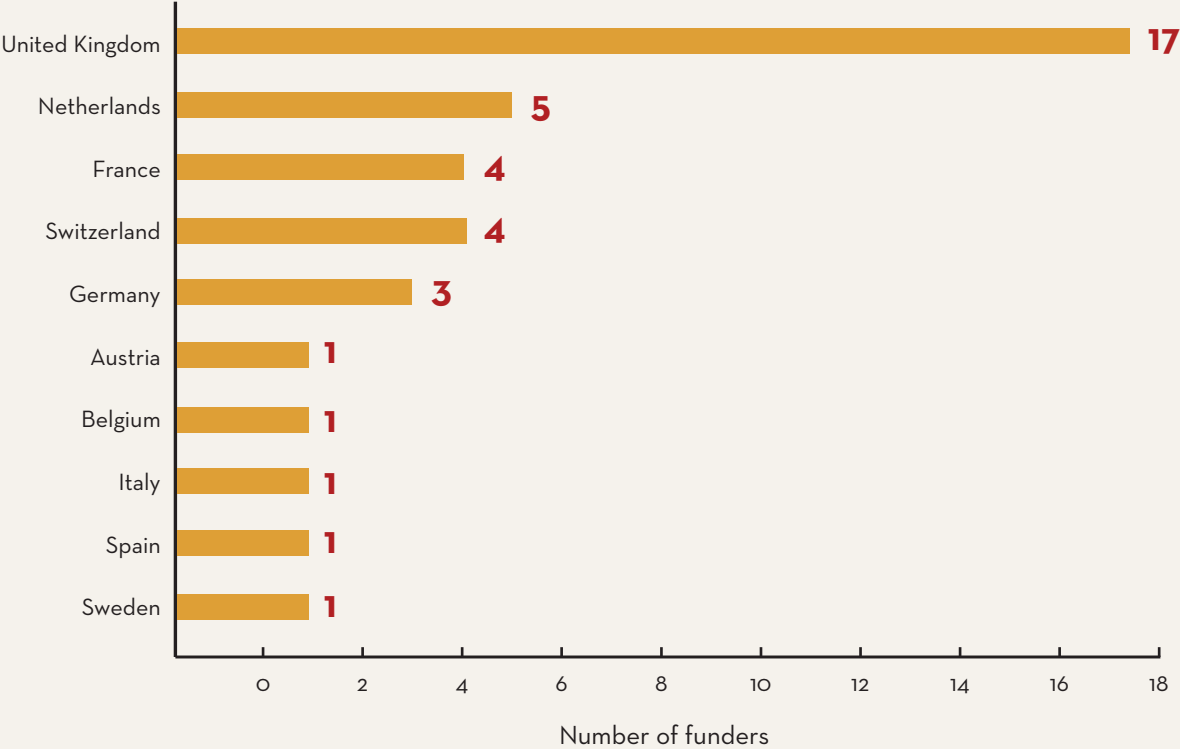
(by percentage of total disbursements)



⁴⁰ The amounts in Chart 3 add up to €142,539,152, not the 2011 expenditures total of €137,861,943, because re-granting funds are included.

Just under half of the funders profiled (17 of 38), including six of the top 10 funders, had main offices in the United Kingdom.

Chart 18. **Distribution of European Philanthropic HIV/AIDS Funders by Home Country**



Forecast for European Philanthropic HIV/AIDS Funding

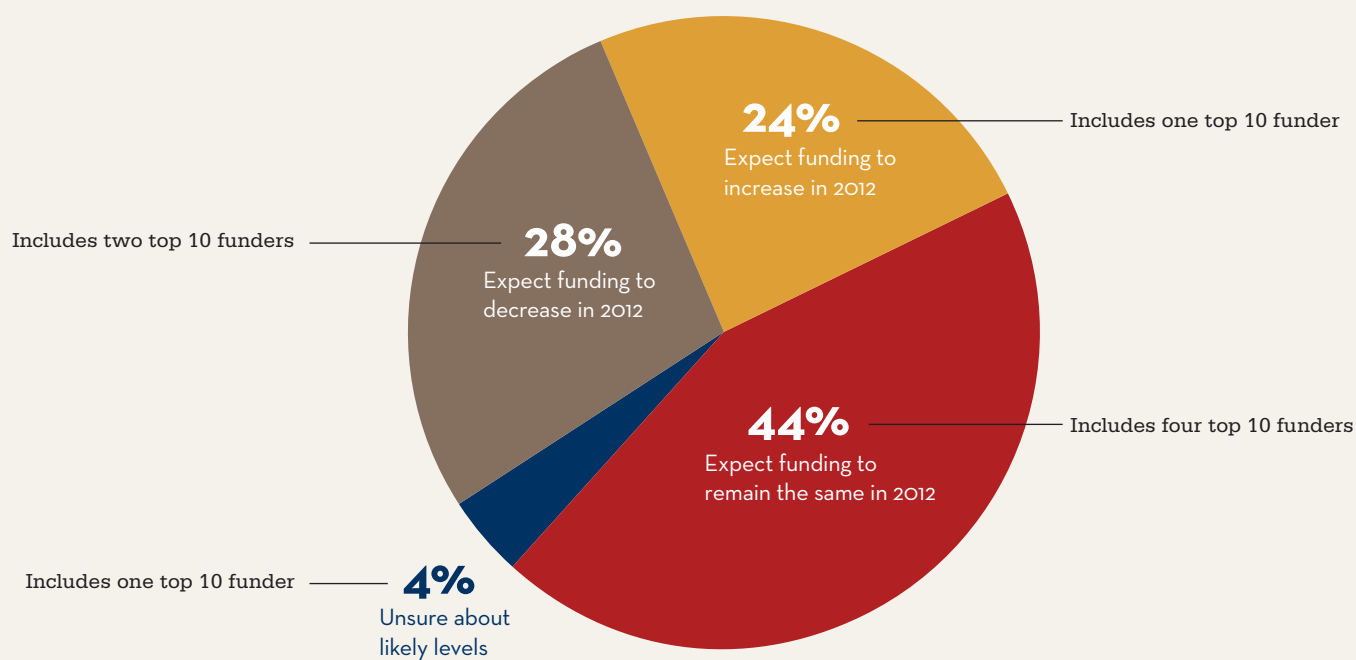
KEY FINDINGS

2012 forecasted to remain the same: Almost half (44%) of the funders that answered this question (25 of 38) forecast anticipated funding for HIV/AIDS would stay about the same in 2012 compared to 2011, including four top 10 funders.

Several funders, including one top 10 funder, indicated that their HIV/AIDS disbursements would decrease in 2012 due to a shift of funds to other related health areas.

Chart 19. **Forecast of 2012 European Philanthropic HIV/AIDS Funding⁴¹**

(by percentage of funders)



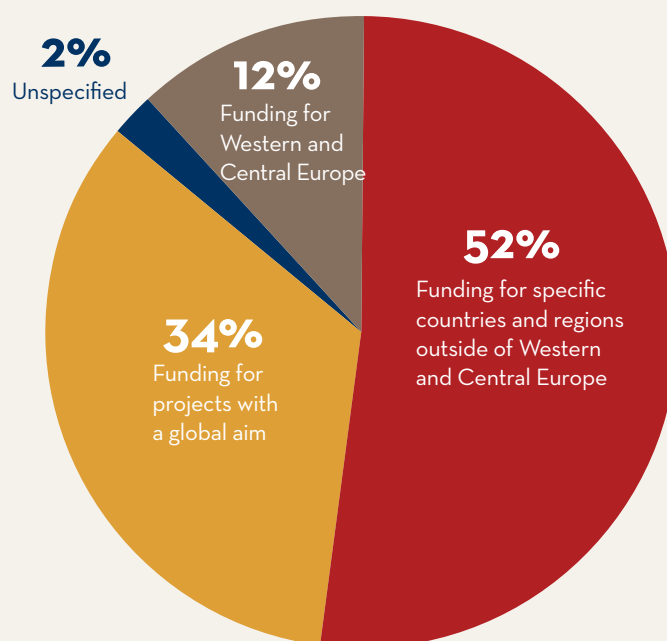
⁴¹ It should be noted that just over half of the predictions for 2011 funding from the previous year's survey on 2010 funding were correct (12 of 21 responses). The majority of the remainder of the responses (6 of 21) predicted their organization's funding would stay the same in 2011 when it actually increased.

Geographic Distribution of European Philanthropic HIV/AIDS Funding

KEY FINDINGS

Majority of funding directed to countries or regions outside of Western and Central Europe, or projects with a global aim targeting a worldwide population: Approximately half (52%) of all funding in 2011⁴² was directed to projects in specific countries and regions outside of the Western and Central Europe region (€74 million, or \$92 million). About a third of all funding (€49 million, or \$61 million) went to projects benefiting a global population, while €17 million (\$21 million), or 12% of all funding in 2011, was expended on HIV/AIDS efforts benefiting countries in Western and Central Europe.

Chart 20. 2011 European Philanthropic HIV/AIDS Funding by Geographic Focus
(by percentage of total disbursements)



⁴² Re-granted funds could not be removed for geographical analysis, so the “all funders” total used for Chart 6 was €142,539,152, which includes funds re-granted from other funders.

EFG identified six funders that expended €1 million or more to HIV/AIDS issues within Western and Central European countries in 2011.

Table 8. European Philanthropic HIV/AIDS Funders Allocating €1 million or More to Western and Central European (WCE) Countries in 2011

Funder name	Funding to WCE countries		Percent of total giving
	€	\$	
Sidaction	8,214,922	10,140,226	66%
The Monument Trust	2,008,581	2,479,326	45%
Elton John AIDS Foundation, UK	1,824,397	2,251,975	17%
Aids Fonds	1,637,000	2,020,658	29%
Deutsche AIDS-Stiftung	1,215,193	1,499,994	74%
ViiV Healthcare	1,109,768	1,369,861	9%

EFG identified five funders that expended €1 million or more to support HIV/AIDS issues of benefit to a worldwide population in 2011.

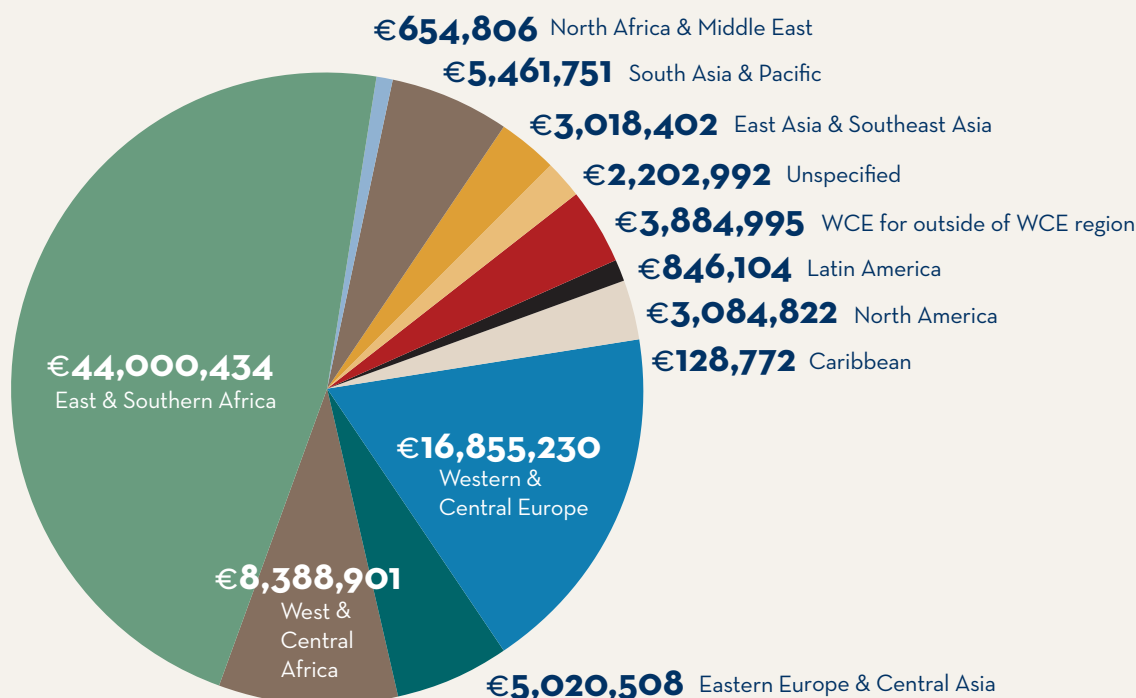
Table 9. European Philanthropic HIV/AIDS Funders Allocating €1 million or More to Work with a Global Aim in 2011

Funder name	Funding to global projects		Percent of total giving
	€	\$	
Wellcome Trust	35,628,934	43,979,171	100%
Children's Investment Fund Foundation, UK	5,158,192	6,367,101	26%
Aids Fonds	1,983,000	2,447,749	36%
ViiV Healthcare	1,799,435	2,221,163	15%
Foundation "la Caixa"	1,386,000	1,710,832	100%

KEY FINDINGS

The largest regional recipient of European HIV/AIDS philanthropic funding for countries or regions in 2011 was **East and Southern Africa** (47%), followed by **Western and Central Europe** (18%).

Chart 21: Geographical Distribution of National and Regional European Philanthropic HIV/AIDS Funding in 2011⁴³



FINDING THE GAPS: PEOPLE LIVING WITH HIV, NEW INFECTIONS AND TREATMENT COVERAGE BY GEOGRAPHIC REGION

Region	People living with HIV (2010)	New infections (2010)
Sub-Saharan Africa	22,900,000 (68% of all)	1,900,000
East Asia, Southeast Asia, South Asia & the Pacific	4,844,000	361,300
Eastern Europe & Central Asia	1,500,000	160,000
Latin America	1,500,000	100,000
North America	1,300,000	58,000
Western & Central Europe	840,000	30,000
North Africa & the Middle East	470,000	59,000
Caribbean	200,000	12,000

(Source: UNAIDS. World AIDS Day Report, 2011. Available at: www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2216_WorldAIDSday_report_2011_en.pdf)

Though treatment coverage in the following regions is still far from universal, an increase in coverage has led to a reduction in new HIV infections and AIDS-related mortality over the past decade.

Treatment coverage in 2011

Sub-Saharan Africa **56%**
Caribbean **67%**
Latin America **70%**

In regions where HIV infection is concentrated among key populations at higher risk (people who inject drugs, sex workers and men who have sex with men), treatment coverage is lower. Eastern Europe and Central Asia is notable as one of the few regions where new HIV infections and AIDS-related deaths continue to increase, primarily among people who inject drugs who are not accessing treatment.

Treatment coverage in 2011

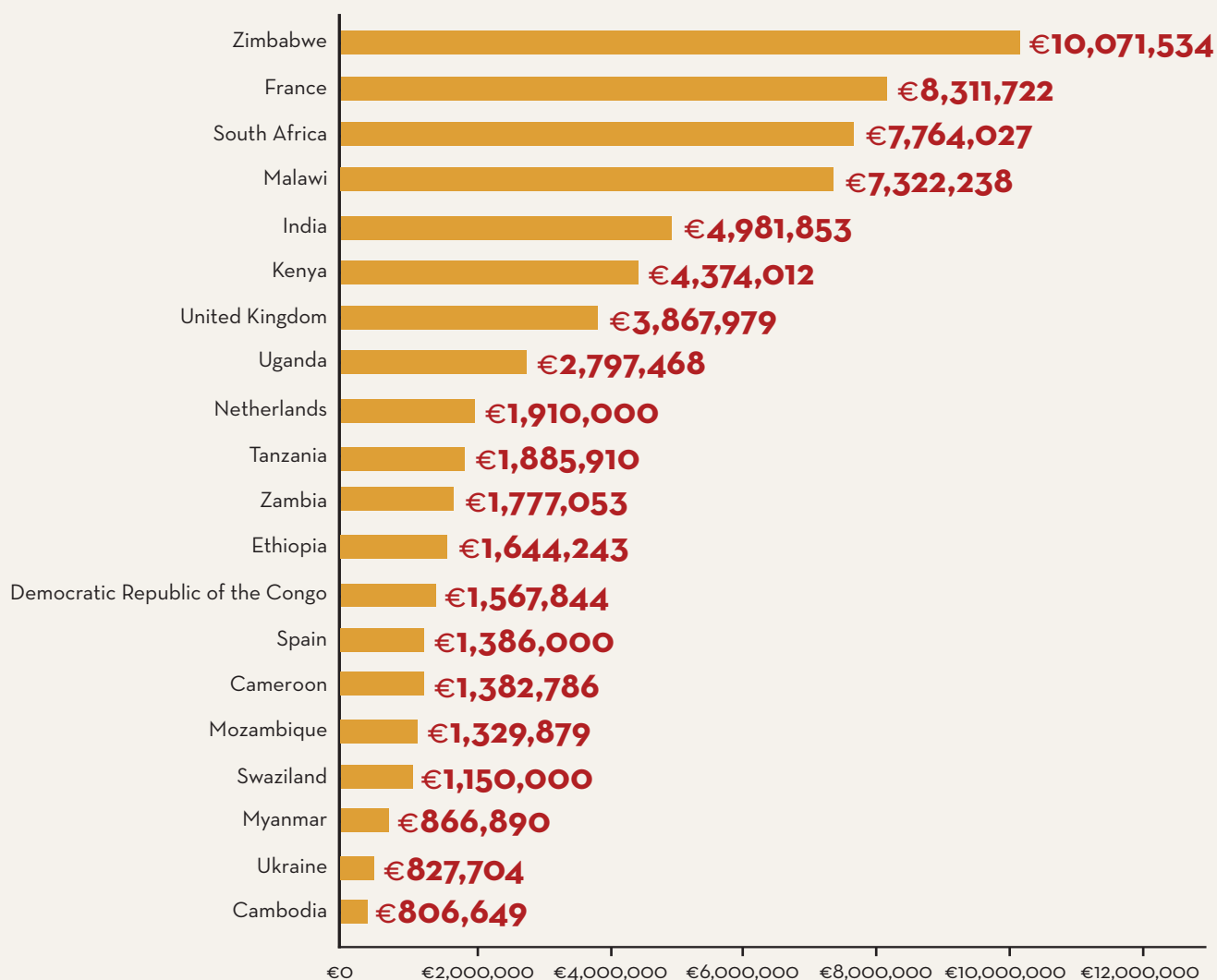
Asia **44%**
Eastern Europe and Central Asia **23%**
North Africa and the Middle East **13%**

Source: UNAIDS. Together We Will End AIDS. 2012.

⁴³ The category "WCE for outside of WCE region" describes grants made to organizations with their main offices in Western and Central European countries, for work that benefits countries outside of that region (such as Africa or Asia). If they were able, funders provided the end recipient countries of those grants (and those countries were considered the recipients for the purposes of this chart). However, not all funders know where a grant to a Western or Central European organization working globally will end up being expended—hence the need for this category, which represented 4% of funding, or €4 million, in 2011.

The chart below shows the top 20 countries in which European philanthropies supported HIV/AIDS projects in 2011 as well as the total amounts provided per country. The majority of the 20 countries are either in Sub-Saharan Africa or Western and Central Europe.

Chart 22: **Top 20 Countries by Expenditure of European Philanthropic HIV/AIDS Funding in 2011**



FUNDING EXAMPLES

Zimbabwe

- Through its grant to the **Elizabeth Glaser Pediatric AIDS Foundation**, the **Children's Investment Fund Foundation UK (CIFF UK)** supports the Government of Zimbabwe's goal to accelerate the scale-up of more effective antiretroviral regimens to reduce vertical transmission nationally and ensure HIV-positive mothers access treatment for their own health and the health

of their infants. The program's target is to deliver a 10% reduction in the vertical transmission of HIV and results so far are on target. CIFF UK has also made a significant grant to accelerate the development of in vitro diagnostic technology, which is expected to provide the world's first cost-effective point-of-care diagnostic testing equipment for pediatric HIV/AIDS.

France

- Sidaction** supports an internet-based HIV and STD prevention program in France reaching out to female, gay/MSM and transgender sex workers, who are often hard to reach by traditional prevention activities and do not access medical or social services due to stigma or other barriers. Since public solicitation in France was ruled illegal in 2003, the sale of sex through the internet has increased considerably. Community-based

organizations in Lyon and Toulouse provide information on sex worker rights, access to healthcare services, HIV prevention and harm reduction information and incentives for getting tested by being visible on the internet via virtual tours and hotlines and specialized forums. They also provide legal and social services to help mitigate factors that increase the risk of exposure to HIV such as violence, isolation and repression.

South Africa

- Elton John AIDS Foundation UK** is supporting Kheth'Impilo, a South African NGO that currently supports ARV treatment for over 100,000 patients within government health clinics, to train pharmacist assistants in selected high need rural clinics. South Africa's health system is facing a shortage of skilled health care workers that is limiting government's

ambitious HIV scale-up program. The grant is helping meet a critical human resources gap, and thereby increasing access to HIV/TB treatment and services over 250,000 of patients. The South African government is providing stipends for trainees and has guaranteed full employment after graduation.

East and Southern Africa

- Comic Relief UK** awarded a grant to Christian Aid and its six local partners in Kenya that aims to fill the gaps in government provision by providing a wide, integrated range of HIV/AIDS services. This has included over 400 support groups for people living with HIV,

some of which have developed into community-based organizations. Beneficiaries are also trained in areas such as sustainable agriculture, nutrition, home-based care and human rights.

Eastern Europe and Central Asia

- The Nationale Postcode Loterij** (Dutch National Postcode Lottery) in partnership with UNICEF supports a project to help homeless youth in Ukraine and Moldova rebuild their lives and return to society. As a result of flight from an unsafe home situation, young people end up on the streets where they often fall into

drug use and sex work. In Eastern Europe, where the epidemic is growing and is concentrated among people who inject drugs, homeless youth are highly vulnerable to HIV. UNICEF works with local organizations to help provide shelter, medical and psychological care, and education to these young people.

Intended Use of European Philanthropic HIV/AIDS Funding

KEY FINDINGS

The largest amount of funding went to **research** (€54 million, or \$67 million), followed by **prevention** (€28 million, or \$34 million).

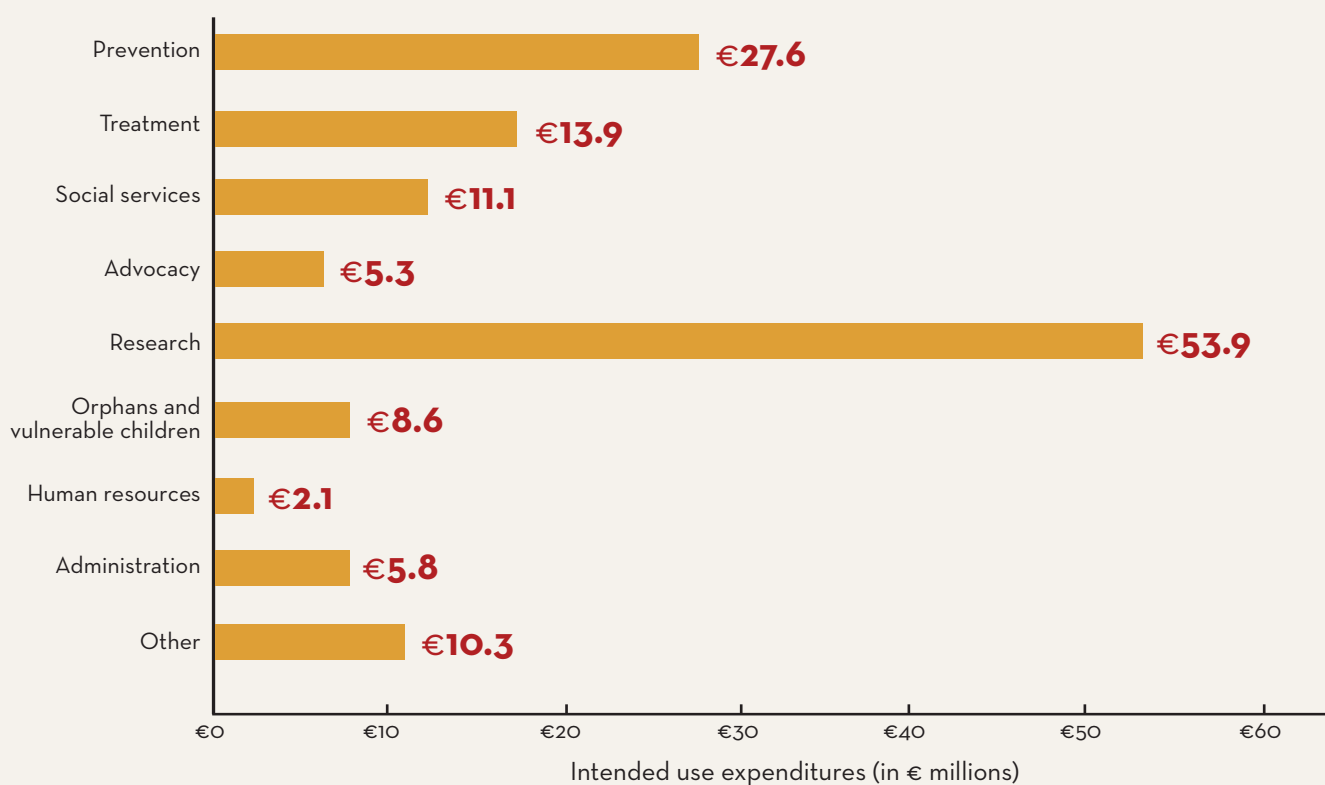
Twenty-four funders of 38 provided survey data on the intended use of their HIV/AIDS grants and projects in 2011. EFG was able to gather intended use data in 2011 for 11 additional funders from annual reports and funders' websites, but could not obtain intended use data for three funders.

The "other" category includes funds from organisations that did not disaggregate

data based on intended use, funding that was unspecified, funding that fell under multiple categories, or funding for projects that did not fall under pre-determined categories. Funders reported "other" uses such as: a global approach to care of orphans and vulnerable children, HIV prevention, related social services, and advocacy; health systems strengthening; palliative

care; capacity building; integration of sexual and reproductive health services; technical assistance; fundraising activities; programmatic and planning activities for the International AIDS Conference (AIDS 2012); addressing maternal HIV/AIDS and maternal and child health; and scholarships for scientific conference attendees.

Chart 23. Intended Use of European Philanthropic HIV/AIDS Funding in 2011



FUNDING EXAMPLES

Prevention

› **ViiV Healthcare's Positive Action for Children Fund** supported Partners in Health's (PIH) efforts to engage pregnant women with health services in some of the hardest to reach parts of Lesotho. The country carries one of the highest HIV burdens in the world, and the socio-economic and socio-political climate leave women particularly vulnerable to HIV. Lesotho is also very rugged and mountainous, posing obstacles to accessing or delivering health services. With the goals of ensuring all pregnant women receive HIV testing and deliver their babies safely at a clinic with proper HIV treatment if necessary, and that health centers provide quality care

that is accessible to women, PIH's maternal health and HIV project has engaged nurse-midwives to oversee the program at local clinics; trained 500 former traditional birth attendants to be specialized community health workers; created mothers' waiting houses where women can reside up to three weeks prior to delivery; and has implemented incentives for mothers to visit health clinics, including new baby care and hygiene packages. As a result, the number of women receiving more than one prenatal care visit at one health clinic increased 70% in a year.

Prevention

› **Fondation Total** supported an HIV prevention project for truck drivers, who represent a mobile population that can be at high risk for HIV infection. Truck drivers can be infected through unprotected sex with a sex worker, then transmit HIV returning to a spouse at home. Mobile units offering testing, counseling, condoms and information were set up where truck drivers were known to gather. The project reached over 80,000 truckers in Morocco and the successful model is now being replicated in Cameroon and Burkina Faso.



Mobile prevention unit at a truck stop

Advocacy

› **Aids Fonds** supports local organizations in Eastern Europe and Asia that advocate for people living with HIV. For example, in Vietnam, brand name antiretrovirals are expensive and unaffordable for some people living with HIV, while trade agreements made it difficult to import much more affordable generic drugs. A Vietnamese campaign group supported by Aids Fonds fought for relaxation of the import duties on the generic antiretrovirals.

Research

› **The Wellcome Trust** increased its giving toward developing an AIDS vaccine in 2011 compared to 2010 (€5.3 million [\$6.5 million] compared to \$4.1 million [\$5.1 million] in 2010) which helped offset a decrease in funding for vaccine development from the public sector in 2011.

(Source: HIV Vaccines & Microbicides Resource Tracking Working Group. Investing to End the AIDS Epidemic: A New Era for HIV Prevention Research & Development. July 2012. Available at: <http://www.hivresourcetracking.org/content/report-archive>)

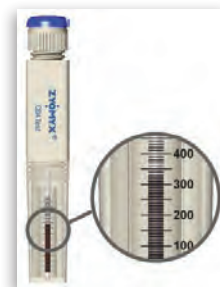
FUNDING EXAMPLES (continued)

Research

› **The Monument Trust** gave a grant to the CD4 Initiative, managed by the Imperial College London. The project forged a successful and innovative industry-focused partnership with the diagnostics industry to develop a simple, affordable, rapid and robust CD4 point of care test designed for resource-poor settings. A CD4 blood test counts the number of CD4 T cells of an HIV-positive person, and is used to determine when to start treatment.

Diagnostic instruments however are currently expensive, complex, and often not available in rural areas of resource-poor countries. The Monument Trust's grant is towards field trials of the new products.

Prototype of one new CD4 testing device under development



Other (Integrated services falling under multiple categories)

› **AVERT** has been working with Umunthu Foundation, a community-based organization in Blantyre, Malawi, since 2010. HIV and AIDS pose an urgent public health issue in this region of Malawi: young people are particularly at risk of HIV infection and women are vulnerable due to gender inequalities, high levels of gender-based violence and their ability to negotiate condom use. Umunthu provides comprehensive voluntary counselling and testing (VCT) services across three centers, referring people who test HIV-positive for treatment, and to prevention of vertical transmission services if they are pregnant. The project also promotes behavior change through innovative HIV prevention activities and works

to break down stigma and myths around the virus. At Umunthu's offices, support groups for people living with HIV and home-based carers meet regularly, and there is an open-access sexual health information library. The organization has initiated community dialogue with both men and women to reduce incidents of gender-based violence (GBV) and make the links between violence and HIV clearer. The project has a specific focus on young people in the community and runs various anti-AIDS youth groups both in and out of schools to provide young people with a platform to talk about HIV and sexual health. In 2011 alone, the project directly reached more than 10,000 people from surrounding areas.

FINDING THE GAPS: ADVOCACY FOR KEY POPULATIONS AT HIGHER RISK

Advocacy funding from philanthropy is especially needed for mobilizing and supporting key populations at higher risk of HIV infection, as they are often not supported financially by governments, and often face laws and policies in their countries that act as barriers to accessing HIV treatment and care.

- › Around the world, nearly **80 countries** currently have laws that **criminalize same-sex sexual relations**, which obstructs the ability of these individuals to access needed HIV treatment and prevention interventions.

(Source: *The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA)*. State-sponsored Homophobia: A world survey of laws criminalizing same-sex sexual acts between consenting adults. May 2012. Available at: old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2012.pdf)

- › Only an estimated 4% of all HIV-positive people who inject drugs are receiving antiretroviral therapy. Laws and government policies that criminalize drug use or do not support access to comprehensive HIV services prevent people who inject drugs from accessing treatment. For example, although the number of people living with HIV continues to grow in the **Russian Federation** where the epidemic is largely concentrated among people who inject drugs, the **government does not support needle and syringe programs**.

(Source: *Mathers BM et al. for the UN Reference Group on IDU. "The global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review." Lancet. 372 [9651]: 1733-1745. 2010.; and Harm Reduction International. The Global State of Harm Reduction 2012: Towards an Integrated Response. Available at: www.ihra.net/files/2012/07/24/GlobalState2012_Web.pdf)*

Target Populations for European Philanthropic HIV/AIDS Funding

KEY FINDINGS

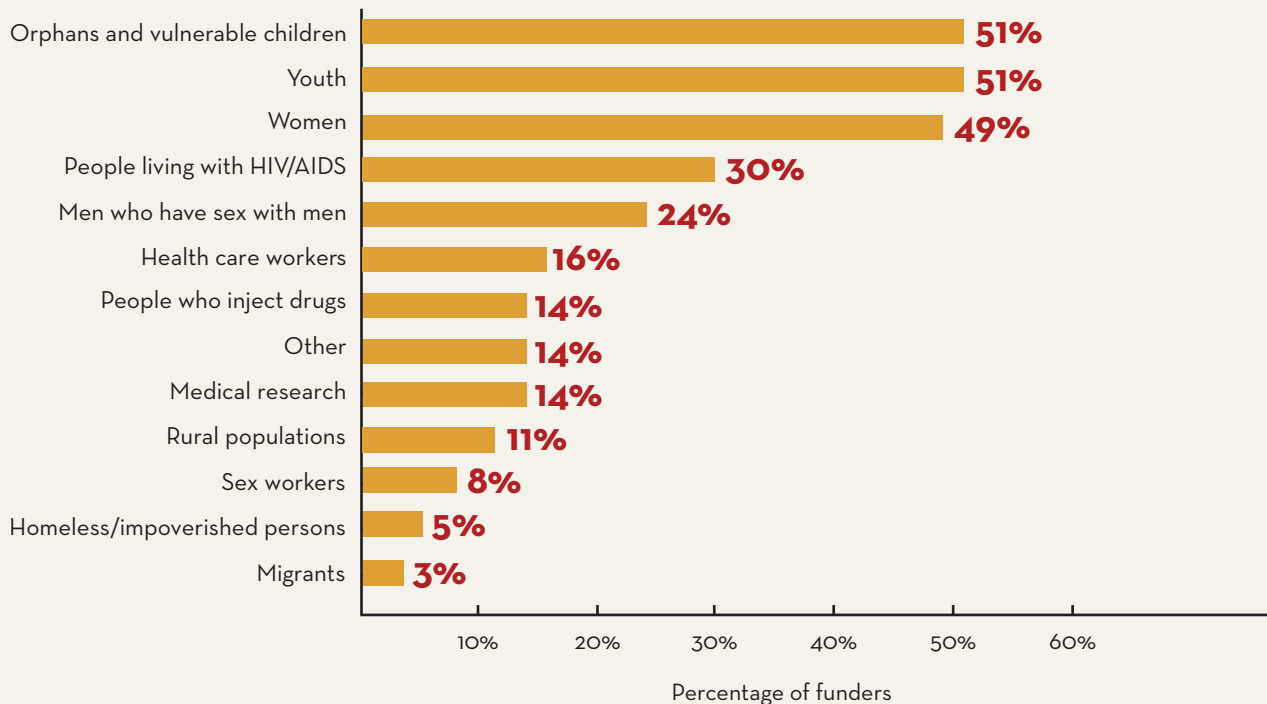
The top three target populations of funding in 2011 were **orphans and vulnerable children, youth, and women**.

EFG was able to obtain information from all but one funder on the three population groups that receive the greatest benefit from their funding. (Some funders reported more than three populations as their main focus, but they were asked to list only the top three target populations of their funding.) The categories are not mutually exclusive.

Funders who supported medical research reported the research targeting populations including mothers and children, pregnant women, children, people living with HIV, uninfected people, and women living with HIV of childbearing age.

The “other” category includes populations that did not fit elsewhere. For example, funders reported people in need of palliative care, Ministries of Health, truck drivers, mothers and babies, and transgender and transsexual people as “other.”

Chart 24. Target Populations for European Philanthropic HIV/AIDS Funding in 2011 (by percentage of funders that chose each category)



FUNDING EXAMPLES

Orphans and vulnerable children

› **Cecily's Fund** commissioned an external impact assessment of its program that provides 50% of school fees for orphans and vulnerable children in Kitwe, Zambia. The assessment found that while the program was urgently needed, many families struggled to generate the remaining 50% of school fees, and that the education system in Zambia was failing to prepare students for entrepreneurship and economic self-reliance once they had graduated from school. As a result, Cecily's Fund and local partners are using this learning to strengthen local communities' ability to advocate more effectively for better support and services for orphans and vulnerable children, and



Cecily's Fund-supported children at Ndeke High School in Kitwe, Zambia

exploring opportunities for linking with providers who can help improve the training available for post-school employment opportunities.

Youth

› **STOP AIDS NOW!** in partnership with Rutgers WPF, a Dutch organization that works for sexual and reproductive health and rights (SRHR), is training a pool of trainers in Ethiopia, Kenya, Nigeria and Zimbabwe to improve SRHR and HIV prevention programs for youth. The program uses the Evidence & Rights-based Planning & Support Tool created by STOP AIDS NOW! as a starting point. After completing the training, the participants are ready to improve their own programs for youths as well as to teach other organizations to work with the tool.

Women

› **Fondation de France** supported a project in the Democratic Republic of Congo in a region heavily affected by ethnic conflict and sexual violence. The project helps women that have been victims of rape receive medical and psychological care, HIV testing and treatment, and other services to assist them in healing. The project also reaches out to male partners of rape victims (husbands who were often choosing to neglect or reject a raped wife) and works to change the attitudes and rebuild the marital relationships. The project also aims to make the community aware of the need to end gender-based violence and promote a more positive image of women.



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FINDING THE GAPS: SPECIFIC NEEDS OF WOMEN

HIV is the leading cause of death for women of reproductive age worldwide, yet, of 170 countries, over half (59%) of these governments did not have an HIV strategy or an earmarked budget that specifically included and addressed women. Women and girls can be disproportionately vulnerable to HIV infection due to their lower social and economic status than men in many cultures, and gender-based violence has been linked to an increased risk of HIV.

(Source: World Health Organization. Women and health: today's evidence, tomorrow's agenda. 2009. Available at: www.who.int/gender/women_health_report/en/index.html; and UNAIDS, NCPI [National Commitments and Policy Instrument] data, government reporting, from 2012 country reports.)

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